## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

760635

1. Corporation Name

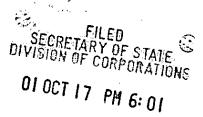
## GRENELEFE VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

Mailing Address

49 WEST LAKE MARION ROAD HAINES CITY FL 33844

49 WEST LAKE MARION ROAD HAINES CITY FL 33844



If above a	ddresses are	incorrect in any way, line t	hrough incorrect in	iformation ar	nd enter correction below.	REINS	TATEMENT	01	
				iling Office Address, If Applicable		Date Incorporated or Qualified     To Do Business in Florida     11/09/1981			
Suite, Apt. #, etc.  City & State			Suite, Apt. #, etc.  City & State			5. FEI Numbe		Applied For Not Applicable	
Zip :			Zip Count		Country		CERTIFICATE OF STATUS DESIRED 6 for a Certificate of Status		
7. Names and Street Addresses of Each Officer and/or Director (F  Title(s) 1				orida nonprofit corporations must list at least 3 directors)  Street Address of Each Officer and/or Director			City / State / Zip		
DP	GRANT, ALTON C			12 CANTERBURY DR			HAINES CITY FL 33844		
D	CLUGGTON, SCOTT			33 T5 SR 546 E			HAINES CITY FL 33844		
DVP	VANBILLIARD, RICK			49 WEST LAKE MARION RD			HAINES FL 33844		
TD	JOHNSON, FRANCIS D			12 TEMPLEDERRY AVE			HAINES CITY FL 33844		
TSD	BROWN, JERRY			839 N LAKESHORE BLVD			LAKE WALES FL 33853		
8. Name and Address of Current Registered Agent						Name and Address of New Registered Agent			
BROWN, JERRY					Name Street Address	Name Street Address (P.O. Box Number is Not Acceptable)			
839 N LAKESHORE BLVD LAKE WALES FL 33853				- 3	Suite, Apt. #, E	Suite, Apt. #, Etc. 3000046612336 -10/31/0101058007			
					City	·	****23B 5ag	Z####236.25	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent DIDENTEQUIRED

REGISTERED AGENT MUST SIGN

Date 10/11/200

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/11/2001

Davtime Phone #

CHZEU40 (8/01)