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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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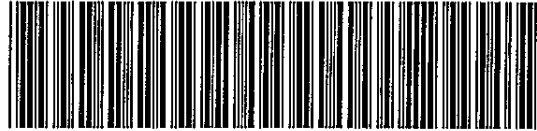
(Business Entity Name)

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DIVISION OF CORPORATIONS
ALLAHASSEE, FLORIDA

J. BROWN FEB 22 2004

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Disabled and Retired Firefighters, Inc.
(Name of Corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Juli Wilson
(Name of Person)

Copilevitz & Canter, LLC
(Firm/Company)

423 W. Eighth Street, Suite 400
(Address)

Kansas City, MO 64105
(City/State and Zip Code)

For further information concerning this matter, please call:

Juli Wilson at (816) 472-9000
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. Disabled and Retired Firefighters, Inc.
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

2. Illinois 3. 37-1284978
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 05/10/1991 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification
(Date corporation first conducted Affairs in Florida - See sections 617.1501, 617.1502, and 817.155, F.S.)

7. 777 S. State Road Seven, Suite A19, Margate, FL 33068
(Principal office address)

777 S. State Road, Seven, Suite A19, Margate, FL 33068
(Current mailing address)

8. Please see attachment "Purpose"
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip Code)

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TALLAHASSEE, FLORIDA

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Corporation Service Company

by Margaret Pike Asst Secretary
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: Please see attachment "Officers and Directors" _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Please see attachment "Officers and Directors" _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Louis A. Montalvo
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Louis A. Montalvo
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

Purpose Statement

Disabled & Retired Firefighters

The Association of Retired Firefighters is organized primarily to receive, administer, and expend funds for charitable and educational purposes in connection with the following activities:

1. Providing direct aid to and/or funds to firefighters and/or families of former fire service personnel in serious need.
2. Organize our retired members, their families, and support groups into an association.
3. Assist and train local retiree clubs in the development of state-wide associations.
4. Provide a vehicle linking all state associations and local clubs into a national network.
5. Inform all members, through a national publication, of the changes in federal, state, and local legislation impacting firefighters.
6. Assisting other charitable educational and social welfare organizations in the conduct of similar activities.

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TALLAHASSEE, FLORIDA

Disabled & Retired Firefighters
Officers/ Directors
Board of Directors

President

Louis A Montalvo
3704 Coral Tree Circle
Coconut Creek, FL 33073
Ph # 954-957-7795
SS# 079-54-8642

Treasurer

Louis Saccoccio
1211 13th Circle Street
Lago, FL 33771
Ph# 727-518-6406
SS# 038-26-6161

Secretary

Elizabeth Evora
3704 Coral Tree Circle
Coconut, FL 33073
Ph# 954-957-7795

Board Member

LT. Benjamin Flander
28 Temple Road, Apt. 26
Vineland, NJ 08360
Ph# 856-507-1816
SS# 081-34-9317

Board Member

Tom Jackson
2804 W Sheffield Drive
Peoria, IL 61604
Ph# 309-682-8381

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

File Number

5638-528-2



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

DISABLED AND RETIRED FIREFIGHTERS, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE MAY 10, 1991, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS A DOMESTIC CORPORATION IN GOOD STANDING IN THE STATE OF ILLINOIS*****

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 29TH day of JANUARY A.D. 2004



Jesse White

SECRETARY OF STATE