


# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N43607</b> 1. Entity Name <b>NETTLE RIDGE VOLUNTEER FIRE DEPT. INCORPORATED</b>	
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FILED

08 OCT 17 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 20761 NE GUM ST BLOUNTSTOWN, FL 32424 US	Mailing Address 19119 NE ELIJAH MORRIS RD BLOUNTSTOWN, FL 32424 US
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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10132008 REIN-NP CR2E099 (1/07)

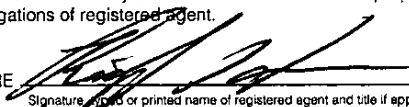
City & State  Zip Country	City & State  Zip Country
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4. FEI Number 59-3062266	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent  <b>HIRES, RICKY</b> 19119 NE ELIJAH MORRIS RD BLOUNTSTOWN, FL 32424	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE 10/15/08

(NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$61.25</b> After January 1, 2009, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HIRES, RICK 19119 ELIJAH MORRIS ST BLOUNTSTOWN, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>000137019580</b> 10/17/08--01044--009 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURKETT, GREG 22641 NE GRADY BROOK RD BLOUNTSTOWN, FL 32424	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TOMLINSON, MARK 19129 NE JOHN BRYANT RD BLOUNTSTOWN, FL 32424	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition S TORY BISHOP 19157 NE ELIJAH MORRIS RD BLOUNTSTOWN, FL 32424
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AF DIETZ, DAVID J 19056 NE ELIJAH MORRIS RD BLOUNTSTOWN, FL 32424	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DIETZ, JANET 19044 NE ELIJAH MORRIS RD BLOUNTSTOWN, FL 32424	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>REINSTATEMENT</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WYCICK, DAN 22445 NE QUAIL RUN RD BLOUNTSTOWN, FL 32424	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>RH</b>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE 10/15/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #