PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

98-99 AR

FILED
99 MAY 24 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000000925

1. Corporation Name

Bryceville Volunteer Fire Dept., Inc.

Principal Place of Business: U.S. 301 & C119

Mailing Address: P.O. Box 46, Bryceville, Fl 32009

REINSTATEMENT 98-99

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 59-3046878 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ — $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

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-06/09/99--01089--001
****297.50 ****297.50

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City/State/Zip
~~Pres.~~	~~Lester Fouraker~~	6 US 301 N.	Bryceville, FL 32009
V-P	Sherrell Roberts	~~RT. 1 BOX 390G~~ RT 2 HWY 301	BRYCEVILLE, FL 32009
Sec/Treas.	George Barthelmes	BRYCEVILLE, FL 32009	BRYCEVILLE, FL 32009
D Chief	Jim Hicks	102 CHURCH AV E. BRYCEVILLE FL 32009	BRYCEVILLE FL 32009
D Asst. Chief	Gary Ard	Rt 2 Box 1530	Bryceville, FL 32009
Board Members:	D Tom Loveless	Rt 1, Box 552	Bryceville, FL 32009
	D Eugene Fouraker	Eugene Fouraker, 16 Church Ave E, Bryceville, FL 32009	

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: Lester O. Fouraker

Street Address (P.O. Box Number is Not Acceptable): ~~P.O. Box 46~~ 6 US 301 North

Suite, Apt. #, Etc.

City: Bryceville State: FL Zip Code: 32009

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: [signature] REGISTERED AGENT MUST SIGN Date 4-5-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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 detailed on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [signature] 4-5-99 (904) 266-2516

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

CR2E081 (12/98)