

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 JUN 25 PM 5:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 770635

1. Corporation Name

LURAVILLE VOLUNTEER FIRE DEPARTMENT, INC  
20510 180<sup>th</sup> ST.  
LIVE OAK, FL 32060-5200

2. Principal Office Address

LURAVILLE VFD, INC

Suite, Apt. #, etc.

20510 180<sup>th</sup> ST

City & State

LIVE OAK, FL

Zip

Country

32060-5200

USA

3. Mailing Office Address

LURAVILLE VFD, INC

Suite, Apt. #, etc.

20510 180<sup>th</sup> ST

City & State

LIVE OAK, FL

Zip

Country

32060-5200

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/07/1983

5. FEI Number

59-2863063

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

PAUL GAMBLE

Street Address (P.O. Box Number is Not Acceptable)

18791 168<sup>th</sup> ST

Suite, Apt. #, Etc.

City

MC ALPIN

State

FL

Zip Code

32062

500004461995-0

-07/06/01--01035--028

\*\*\*\*245.00 \*\*\*\*245.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Paul Gamble*

REGISTERED AGENT MUST SIGN

Date 5/22/01

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	DAVID A. LANE	16525 184 <sup>th</sup> ST	LIVE OAK, FL 32060
VP	KEN SMITH	20947 144 <sup>th</sup> ST	LIVE OAK, FL 32060
T	WINNIE WADSWORTH	15790 176 <sup>th</sup> ST	LIVE OAK, FL 32060
D	CHRIS HARRISON	14171 176 <sup>th</sup> ST	MC ALPIN, FL 32062
D	PAUL GAMBLE	18791 168 <sup>th</sup> ST	MC ALPIN, FL 32062
D	RUSSELL WADSWORTH	15790 176 <sup>th</sup> ST	LIVE OAK, FL 32060

10. 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.

SIGNATURE

*David A. Lane*

DAVID A. LANE, PRES.

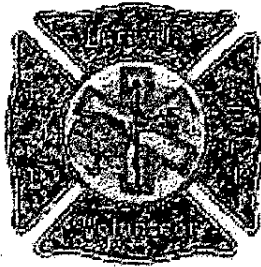
Date

5/22/01

Daytime Phone #

386-776-2843

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



**LURAVILLE VOLUNTEER FIRE DEPARTMENT  
20510 180<sup>TH</sup> STREET  
LIVE OAK, FLORIDA 32060-5200**

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sirs:

Enclosed is a request for reinstatement of our corporation and a check in the amount of four hundred eighty-one dollars and twenty-five cents to cover reinstatement fees and annual report fees from 1998 through 2001.

Our corporation was dissolved in 1998 because the annual report was not received by us and was returned to you by the Post Office. In light of this situation and the fact that, being a volunteer fire department, we are on very limited funds. Would you please consider waiving the reinstatement fee? These monies are greatly needed for maintenance of our equipment.

Thank you for your consideration and cooperation in this matter.

Sincerely,

David A. Lane, President  
Luraville Volunteer Fire Department