PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 NOV 17 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 701851

1. Corporation Name

THE BAILEY-ROAD VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business	Mailing Address
2100 SOUTH STATE ROAD 7 N. LAUDERDALE FL 33068	2100 SOUTH STATE ROAD 7 N. LAUDERDALE FL 33068

REINSTATEMENT 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: 12/29/1960

5. FEI Number: 59-1552767 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PDT	ELDON, WALTER B. IV	8306 NW 74 TERR	TAMARAC FL
D	OWENS, JAMES J., II	5140 NW 76 PL	POMPANO FL 33073
DS	LONDON, ALLAN	~~9201 A WEST SAMPLE RD #100~~ 9022 NW [illegible] #303 Coral Springs, FL 33065	CORAL SPRINGS FL 33065
			700003060257--0 -12/03/99--01017--026 ***236.25 ***236.25

8. Name and Address of Current Registered Agent

ELDON, WALTER B IV
8306 NW 74 TERR
TAMARAC FL 33321
Change

9. Name and Address of New Registered Agent

Name: ALLAN LONDON
Street Address (P.O. Box Number is Not Acceptable): 9022 NW [illegible] Drive
Suite, Apt. #, Etc.: 303
City: Coral Springs | State: FL | Zip Code: 33065

CR2E040 (8/99)

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] REQUIRED
REGISTERED AGENT MUST SIGN
Date: 11/16/99 KE

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.

SIGNATURE: [signature] REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/16/99
Date

954 733-6888
Daytime Phone #

ALLAN LONDON

0000438 AF