

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 MAR -3 PM 2:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** 701851

**1. Corporation Name**

The Bailey Road Volunteer Fire Department, Inc.

**2. Principal Office Address**

2100 S. State Rd 7

Suite, Apt. #, etc.

City & State

Margate, FL

Zip

33068

Country

USA

**3. Mailing Office Address**

737 E. Atlantic Blvd.

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

Zip

33060

Country

USA

**REINSTATEMENT** 03-04

**4. Date Incorporated or Qualified  
To Do Business in Florida**

12/29/1960

**5. FEI Number**

591552767

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

**7. Name and Address of Current Registered Agent**

Name

Lawrence G. Miceli, Esq.

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

737 East Atlantic Blvd.

Suite, Apt. #, Etc.

500029824325

City

Pompano Beach,

State  
**FL**

Zip Code

33060

**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

*Lawrence G. Miceli*

REGISTERED AGENT MUST SIGN

Date

March 2, 2004

**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
PDT	ALLAN LONDON	3059 NW 91st Ave, #203	Coral Springs, FL 33065
DS	JAMES J. OWENS, II	5140 NW 76 Place	Pompano Beach, FL 33065
D	WALTER B. ELDON	8306 NW 74 Terr	Tamarac, FL 33065

**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:**

*Allan London*

-Allan London

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/2/04

Daytime Phone #

954 941 5932

CR2E081 (10/02)