

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **704269**

1. Corporation Name

**ST AUGUSTINE BEACH VOLUNTEER FIREMEN'S ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

370 A1A BEACH BLVD.  
ST. AUGUSTINE BEACH FL 32084

370 A1A BEACH BLVD.  
ST. AUGUSTINE BEACH FL 32084

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

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

07/11/1962

5. FEI Number

59-1860326

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
V P	HOOKE, CHRIS FRANK CHARLES	4383 SAN JUAN DR 607 11th St.	ST AUG FL 32084
V P	DAVIS, MARK W Brian Yeoman	2252 COMADORE CLUB BLVD 370 Beach Blvd.	ST AUGUSTINE BEACH FL 32084
S S	HELLSTROM, ERIC Dan Lehman	4383 SAN JUAN DR 370 BEACH BLVD	ST AUG FL 32084
T T	SILCOTT, DONALD STEVE TUPONE	116 15TH ST 370 Beach Blvd	ST. AUGUSTINE FL 32084
T D	ROSS, MARK MARK ROSS	112 ISLAND HAMMOCK WAY 112 Island Hammock way	ST AUGUSTINE FL 32084
D D	HOOKE, MATT Dylan Moquin	4383 SAN JUAN DR 370 Beach Blvd.	ST AUG FL 32084

8. Name and Address of Current Registered Agent

ROWE, ZAC Eric Hellstrom  
200 16TH ST APT 206A 370 A1A Beach Blvd.  
ST. AUGUSTINE FL 32084

9. Name and Address of New Registered Agent

Name Eric Hellstrom  
Street Address (P.O. Box Number is Not Acceptable)  
370 A1A BEACH BLVD.  
Suite, Apt. #, Etc. 300002719538--6  
City St. Augustine  
12/22/98 Stand 011853 de 003  
\*\*\*236.FL \*\*\*236.125

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 12/10/98

11. This corporation owes or has paid 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 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

12-8-98  
Date

904-825-2688  
Daytime Phone #