

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

pg 1 of 2

00 NOV -3 AM 9:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 705603

1. Corporation Name

THE RAVENSWOOD-GRIFFIN VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

Mailing Address

2449 WHALE HARBOR LANE  
FT. LAUDERDALE FL 33312  
US

2449 WHALE HARBOR LANE  
FT. LAUDERDALE FL 33312  
US

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

4. Date Incorporated or Qualified  
To Do Business in Florida

05/15/1963

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1544066

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	4 City / State / Zip
PD	PHILLIPS, STEPHEN L	3101 SW 16TH ST	FT. LAUDERDALE FL 33312
SD	GAUTHIER, WESS	7172 SPORTSMAN DR.	N. LAUDERDALE FL 33068
TD	STACK, KATHERINE	2449 WHALE HARBOR LN.	FT. LAUDERDALE FL 33312
TD	STACK, KATHERINE	2449 WHALE HARBOR LN	FT LAUDERDALE FL 33312
D	COCHRAN, WAYNE	414 SW 7TH ST	FT LAUDERDALE, FL 0
D	RIMAVICUS, PAUL	4649 SW 32ND AVE	FT LAUDERDALE, FL 00000

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PHILLIPS, STEPHENS L  
3101 SW 16 ST  
FT. LAUDERDALE FL 33312

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

Date

REGISTERED AGENT MUST SIGN

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:

STEPHEN L PHILLIPS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-01-00

Date

Daytime Phone #

CR2E040 (8/00)

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STEPHEN L. PHILLIPS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-01-00

Daytime Phone #

Check #1091 Cleared on 8-30-00  
I was sent a notice to sign  
in early Sept. I signed it and  
returned same. Please stop the  
reinstatement fee. Thank you.



Stephen L. Phillips