

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 # 705905

1. Corporation Name

Hogan Spring-Glenn Volunteer  
Fire Department

Principal Place of Business

Mailing Address

1443 Huffingham Lane  
Jacksonville, Fl.  
32216

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

07/16/1963

5. FEI Number

59-6138143

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	Mathew Parramore	3988 Arbor Lake Cir.	Jacksonville, Fl. 32225
VP	Michael Goodwin	3601 Kernan Blvd. S. Apt. 1834D	Jacksonville, Fl. 32224
S	Alice Butcher	1802 Don Quixote Cir.	Jacksonville, Fl. 32250
D	Paula Scott	3000 Cornet Ln. Apt. 110	Jacksonville, Fl. 32216
D	John Glasgow	8208 Oden Ave.	Jacksonville, Fl. 32216
D	James Ewing	11880 Hidden Hills Dr.	Jacksonville, Fl. 32225

8. Name and Address of Current Registered Agent

Glasgow, John R.  
4320 Dalry Drive  
Jacksonville, Fl. 32216

9. Name and Address of New Registered Agent

Name

Mathew Parramore

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

3988 Arbor Lake Cir.

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32225

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

*Mathew Parramore*

REGISTERED AGENT MUST SIGN

Date

05/12/97

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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: Mathew Parramore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

05/12/97

Daytime Phone #

(904) 446-1781

FILED

97 JUN 12 AM 10:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 96-97

CR20040 (12/96)