

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 NOV -6 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 706153

1. Corporation Name

Midway Volunteer Fire Department of Santa Rosa County,
Inc.

2. Principal Office Address

1801 Abercrombie Road

Suite, Apt. #, etc.

City & State

Gulf Breeze, Florida

Zip

32563

Country

U.S.A.

3. Mailing Office Address

1801 Abercrombie Road

Suite, Apt. #, etc.

City & State

Gulf Breeze, Florida

Zip

32563

Country

U.S.A.

300008834443
11/06/02--01113--015 **420.00

REINSTATEMENT 99-02

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

9/13/1963

5. FEI Number

59-6194181

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

David D. Burnett

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

1801 Abercrombie Road

Suite, Apt. #, Etc.

City

Gulf Breeze

State
FL

Zip Code

32563

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

David D. Burnett

REGISTERED AGENT MUST SIGN

Date 10/25/02

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
P/D	David D. Burnett	1159 Eula Street	Gulf Breeze, FL 32563
S/T/D	Robert Carbonell	3221 Notre Dame Drive	Gulf Breeze, FL 32563
D	Larry Brewer	3243 Cornell Drive	Gulf Breeze, FL 32563

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:

David D. Burnett

David D. Burnett

850-232-1552

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

9/11/02

**MIDWAY VOLUNTEER FIRE DEPARTMENT
OF SANTA ROSA COUNTY, INC.**

**1801 Abercrombie Road
Gulf Breeze, Florida 32563
850-232-1552**

October 23, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Midway Volunteer Fire Department of Santa Rosa County, Inc.
Corporate Reinstatement

Dear Madam or Sir:

Please file the enclosed application for Corporation Reinstatement for the above-referenced non-profit corporation. I have also included a check, payable to the Department of State, in the amount of \$420.00 which represents the reinstatement fee of \$175.00 and the annual report fee of \$61.25 for each of the four years this corporation was dissolved (1999-2002).

Should you have any questions or need any additional information, please do not hesitate to call. Thank you for your assistance in this matter.

Very truly yours,



David D. Burnett
President and Director
Resident Agent

DDB:met
Enclosures