

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 FEB 13 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 706153

1. Corporation Name

Midway Volunteer Fire Department of Santa Rosa County,
Inc.

REINSTATEMENT 03-04

400028733504
02/13/04--01037--012 **297.50

2. Principal Office Address

1322 College Parkway

3. Mailing Office Address

1322 College Parkway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gulf Breeze, Florida

City & State

Gulf Breeze, Florida

Zip

32563

Country

U.S.A.

Zip

32563

Country

U.S.A.

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

Robert Carbonell

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

1322 College Parkway

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

Date

2/4/04

REGISTERED AGENT MUST SIGN

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	Robert Carbonell	1322 College Parkway	Gulf Breeze, FL 32563
S/T/D	Larry Brewer	1322 College Parkway	Gulf Breeze, FL 32563
D	Christina Perkins	1322 College Parkway	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Carbonell

Date

2/4/04

850-932-4771

Daytime Phone #

CR2E081 (10/02)