

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 DEC -8 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 709305

1. Corporation Name

MICANOPY FIRE DEPT., INC.

Principal Place of Business

704 N.E. CHOLOKKA BLVD.

P O BOX 409

MICANOPY FL 32667-0409

US

Mailing Address

PO BOX 409

MICANOPY FL 32667-0409

US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/13/1965

5. FEI Number

59-12859.12

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 3	City / State / Zip 4
DPT	JONES, WADE C	3521 NW 104TH DRIVE	GAINESVILLE FL 32606
D	LIVERMAN, MURREL	9023 SE 225TH DRIVE	HAWTHORNE FL 32640
D	MODICAN, JESSE	2260 NW 37TH PLACE	GAINESVILLE FL 32605

600025330446

12/08/03--01085--010 **245.00

8. Name and Address of Current Registered Agent

JONES, WADE C
3521 NW 104TH DRIVE
GAINESVILLE FL 32606

9. Name and Address of New Registered Agent

Name

MURREL LIVERMAN

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

9023 SE 225 Drive

Suite, Apt. #, Etc.

City

HAWTHORNE

State

FL

Zip Code

32640

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 11-25-2003

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-25-2003 (352) 466-3741

CR2E040 (7/03)