

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
05 JAN 31 PM 3:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 710284

1. Corporation Name

HOMOSASSA VOLUNTEER FIRE DEPARTMENT INC.

2. Principal Office Address

8408 W. HOMOSASSA TRL.

Suite, Apt. #, etc.

City & State

HOMOSASSA FL

Zip

34448

Country

U.S.

3. Mailing Office Address

P.O. Box 516

Suite, Apt. #, etc.

City & State

HOMOSASSA FL

Zip

34447

Country

U.S.

REINSTATEMENT 99-05

4. Date Incorporated or Qualified  
To Do Business in Florida

02-01-1966

5. FEI Number

592350118

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

Walter C. Meier

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

8 Colubrina Ct.

Suite, Apt. #, Etc.

City

HOMOSASSA

State

FL

Zip Code

34446

700046289327  
02/10/05--01006--008 \*\*\*49.00

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

Walter C. Meier

REGISTERED AGENT MUST SIGN

Date 1-27-05

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	Walter C. Meier	8 Colubrina Ct.	HOMOSASSA FL 34446
V/H/D	Kenneth W. Rodgers	11490 W. Clubview Dr.	HOMOSASSA FL 34448
S/D	Michael T. Brennan	2333 S. Tennyson Pt.	HOMOSASSA FL 34448
T	John Hurst	2301 S. Sandburg Pt.	HOMOSASSA FL 34448
T	Lee Brigman	4199 S. Alabama Ave	HOMOSASSA FL 34448
T	Joseph Carney	4535 S. Leisure Blvd.	LECANTO FL 34461

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:

Michael T. Brennan  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-2005

Date

352-628-7225  
Daytime Phone #

CR2E091 (01/05)