PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 APR -4 PM 4:00

DOCUMENT # 71131

1. Corporation Name

4 Communities Fire Department Inc.

REINSTATEMENT 01-02

2. Principal Office Address	**3.** Mailing Office Address
4870 North Highway US 1	P.O. Box 227
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sharpes, FL	City & State: Sharpes, FL
Zip: 32959 Country: USA	Zip: 32959 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 1951

5. FEI Number — 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: Four Communities Fire Department Inc. / John Norman

Street Address (P.O. Box Number is Not Acceptable): 4870 North Highway US 1

Suite, Apt. #, Etc.:

200005326792--6
-04/23/02--01061--030
*****297.50 *****297.50

City: Sharpes | State: FL | Zip Code: 32959

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: John Norman — REGISTERED AGENT MUST SIGN — Date: 3-26-02

CR2E081 (9/01)

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
President	John Norman	1830 Apricot Drive	Titusville, FL 32780
Vice President	Andy Gillis	817 Pine Shadows Avenue	Rockledge, FL 32955
Treasurer	Brian Claudius	2310 Bal Harbour Terrace	Titusville, FL 32780
Secretary	Tiffany Frost	6320 Arbor Avenue	Cocoa, FL 32927
Director	George Jamison	711 Alcazar Avenue	Port St. John, FL 32927
Director	Larry Howe	321 Spring Street	Cocoa, FL 32927
Director	Chris Nichols	350 Ronald Street	Cocoa, FL 32927

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: Brian Claudius Brian Claudius — 3/25/02 — 321-636-6664

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #