

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

99 SEP 20 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 712242
1 Corporation Name Kissimmee Heights Volunteer
Fire Department, Inc

Principal Place of Business Mailing Address
403 BUENAVENTURA BLVD PO Box 430025
KISSIMMEE FL 34743 KISSIMMEE FL 34743
FLS FLS

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

2 New Principal Office Address, If Applicable		3 New Mailing Office Address, If Applicable		4 Date Incorporated or Qualified To Do Business in Florida 02/13/1967	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5 FEI Number 59-0001413	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6 CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	John Donahue	8621 Gopher Ln. Orlando FL 32829	Orlando FL 32829
VPO	Robert HANLON	3160 Fair Field Dr	Kissimmee FL 34743
TD	DANA HANLON	3160 Fair Field Dr	Kissimmee FL 34743
SD	Denise ALEMENY	3212 BONAIR BLVD APT 2311	Kissimmee FL 34741
			800002993738--2 -09/22/99--01047--018 WWW 305.25 WWW 305.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

John Donahue
8621 Gopher Ln.
Orlando FL 32829

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State FL Zip Code

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.

Signature of Registered Agent John Donahue
REGISTERED AGENT MUST SIGN

Date 9-16-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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: John Donahue John Donahue 9-16-99 407-348-5555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #