

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 NOV 25 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 714102

1. Corporation Name

THE PALM BEACH GARDENS FIRE DEPARTMENT, INC.

Principal Place of Business

10500 N. MILITARY TRAIL
PALM BEACH GARDENS FL 33410

Mailing Address

10500 N. MILITARY TRAIL
PALM BEACH GARDENS FL 33410

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/15/1968

5. FEI Number

59-1971702

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)

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
D	JUNAWAY, MICHAEL A. OMAR VEGA (PRES.)	10500 N. MILITARY TR.	PALM BCH GRDN FL
P	HOBKINS, RICHARD TERRY PETRUZZI (VP)	10500 NORTH MILITARY TRAIL	PALM BEACH GARDENS FL
C	ROGERS, VIC RICHARD SWAN (SEC)	10500 NORTH MILITARY TRAIL	PALM BCH GRDN FL
S	MARBLE, DAVID MYLES HELD (TREAS.)	10500 N MILITARY TRAIL	PALM BCH GRDN FL
D	ATKIN, GLEN MICHAEL DUNAWAY	10500 N MILITARY TRAIL	PALM BCH GRDN FL
BOARD	VEGA, OMAR K. B. GOODSON.	10500 MILITARY TRAIL	PALM BEACH GARDENS FL

8. Name and Address of Current Registered Agent

ARRANTS, EDWARD F.

10500 N MILITARY TRAIL
PALM BEACH GARDENS FL 33410

BERGEL, PETER T.

9. Name and Address of New Registered Agent

Name

PETER T. BERGEL

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

10500 N. MILITARY TR.

Suite, Apt. #, Etc.

City

PALM BEACH GARDENS

State

FL

Zip Code

33410

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

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid 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:

OMAR VEGA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/24/97

Daytime Phone #

775-8260