

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 714461

1. Corporation Name

THE SPRINGHEAD VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

4503 CORONET RD.
PLANT CITY FL 33566-8612

Mailing Address

4503 CORONET RD.
PLANT CITY FL 33566-8612

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

04/18/1968

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

23-7295052

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
FCD	BROWN, C. DAVID JR.	S. WIGGINS, RD.	PLANT CITY FL
PD	JOHNSON, LARRY E	3008 WILLOW DR. SOUTH	PLANT CITY FL
TD	HANCOCK, DOROTHY B	3108 MEDULLA RD	PLANT CITY FL
SD	WENDT, DEREK V.	3009 S WILLOW DR	PLANT CITY FL
PD	SMITH, BETH	3004 N PINEWAY DR	PLANT CITY FL

REINSTATEMENT '97

8. Name and Address of Current Registered Agent

BROWN, C. DAVID JR.
2505 S. WIGGINS ROAD
PLANT CITY FL 33566

9. Name and Address of New Registered Agent

Name

SCC 11-12-97

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

800002350438 - C

Suite, Apt. #, Etc.

-11/18/97-01050-002

City

****236.25 ****236.25

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

C. David Brown Jr.

REGISTERED AGENT MUST SIGN

Date 10/30/97

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:

C. David Brown Jr. C. DAVID BROWN Jr. 10/30/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (3/97)