

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

15 MAY 21 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 715896

1. Corporation Name

Green Hills - Fountain Volunteer Fire
Department, Incorporated

2. Principal Office Address - No P.O. Box #

11822 Center Dr P.O. Box 37

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 37

Suite, Apt. #, etc.

City & State

Fountain FL

Zip Country

32438

City & State

Fountain, FL 32438

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/14/69

5. FEI Number

59-2374896

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

Eugene Hedges

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

10830 Owenwood Road

Suite, Apt. #, etc.

City
Fountain

State

FL

Zip Code

32438

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

Eugene Hedges

Date 5-21-15

REGISTERED AGENT MUST SIGN

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	Eugene Hedges	10830 Owenwood Rd	Fountain FL 32438
S	Samantha McDaniel	10830 Owenwood Rd	Fountain FL 32438
T	Donna Johnson	10830 Owenwood Rd	Fountain FL 32438

10. E-mail Address:

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Eugene C. Hedges Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #