


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 718394			
1. Corporation Name Coral Springs Volunteer Fire Fighters Association, Inc.			
2. Principal Office Address 8725 NW 17 Manor Suite, Apt. #, etc.		3. Mailing Office Address 8725 NW 17 Manor Suite, Apt. #, etc.	
City & State Coral Springs FL		City & State Coral Springs, FL.	
Zip 33071	Country U.S.	Zip 33071	Country U.S.

FILED
04 JUL -8 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

4. Date Incorporated or Qualified To Do Business in Florida April 23, 1970	
5. FEI Number 59-1856228	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Phillip Rodin	
Street Address (P.O. Box Number is Not Acceptable) 8725 NW 17 Manor	
Suite, Apt. #, Etc.	
City Coral Springs	State FL
Zip Code 33071	

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**

Phillip Rodin

Date 7-6-04

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	Phillip Rodin	8725 NW 17 Manor	Coral Springs FL 33071
V	Peter King	3903 NW 73 Terrace	Coral Springs, FL 33065
S	Chris Calma	4113 NW 114 Ave	Coral Springs FL 33065

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:

Phillip Rodin PHILLIP RODIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-6-04

Date

954-325-2393

Daytime Phone #

CR2081 (07/04)