

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 14 PM 6:38

DOCUMENT # **719023**

1. Corporation Name

HILAND PARK VOLUNTEER FIRE DEPARTMENT INCORPORATED

Principal Place of Business

2801 E. LAFAYETTE RD
PANAMA CITY FL 32405
US

Mailing Address

2801 LAFAYETTE RD
PANAMA CITY FL 32405
US

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 02



200009006032

11/14/02--01069--010 **236.25

4. Date Incorporated or Qualified
To Do Business in Florida

02/23/1970

5. FEI Number

59-3030698

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
VP	TAYLOR, CHRISTOPHER	2578 CHAULER CIR	PANAMA CITY FL 32405
D	THOMPSON, KYLE	2825 COCOA AVENUE	PANAMA CITY FL
P	POLLARD, TOMMIE	2837 NORTH PANAMA AVENUE	PANAMA CITY FL
D	GRAYSON, JOHN	175 DERBY WOODS DR	PANAMA CITY FL
D	GLOVER, CARL	1530 CRYSTAL LEE CT	PANAMA CITY FL 32405

8. Name and Address of Current Registered Agent

POLLARD, TOMMIE
2837 N. PANAMA AVENUE
PANAMA CITY FL 32405

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11-13-02

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., 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-13-02 850-769-6880