

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 NOV -7 PM 4:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 01-07

500112049685
11/06/07 - 01/07/08 **\$12.00

500112049685
11/06/07 - 01/07/08 **\$12.50

DOCUMENT # 720472
1. Corporation Name
Anthony Volunteer Fire Dept. Inc.

2. Principal Office Address - No P.O. Box # 9591 N.E. 21 ST AVE Suite, Apt. #, etc.		3. Mailing Office Address P.O. B. 325 Suite, Apt. #, etc.	
City & State Anthony FL.		City & State Anthony FL.	
Zip 32617	Country U.S.A.	Zip 32617-0325	Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida 03/10/1971	
5. FEI Number 59-1938639	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
JIM HAVEN

Street Address (P.O. Box Number is Not Acceptable)
4504 S.E. 11 PL.

Suite, Apt. #, Etc.
3

City
OCALA

State
FL

Zip Code
34471

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 Date 11/1/07

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 MCCARTHY	2180 N.E. 90 TH ST	Anthony FL. 32617
V	JIM HAVEN	4504 S.E. 11 PL	OCALA FL. 34471
S/T	GORDON JOHNSON	4637 S.E. 35 AVE	OCALA FL. 34480
D	ROBIN MCCARTHY	2180 N.E. 90 TH ST.	Anthony FL. 32617
	Mill B		

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 contained in Chapter 119, 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: 11/1/07 352-266-4285

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #