

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

1996 DEC -9 PM 1:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 720545

1 Corporation Name

LAKE PANASOFFKEE FIRE PROTECTIVE ASSOCIATION, I  
NC.

Principal Place of Business

Mailing Address

HWY. 470 E.  
P.O. BOX 708  
LAKE PANASOFFKEE FL 33538

HWY. 470 E.  
P.O. BOX 708  
LAKE PANASOFFKEE FL 33538



REINSTATEMENT *all of 2/10/96*

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	
Suite, Apt. #, etc		Suite, Apt. #, etc.		03/19/1971	
City & State		City & State		5. FEI Number	
Zip		Country		59-1010045	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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
VP	<del>HOBKIRK, PAUL</del> CLIFF HURST	HWY 470 CR 440 A	LK PANASOFFKEE, FL 00000 33538
D	CONN, DEWEY	CR 482 HWY 470	LK PANASOFFKEE, FL 00000
D	Gayle HAYMAN	HWY 470 - CR-312	" "
D	TACKETT, GERRI ZELDA WIESE	HWY 470 CR 482 A	LK PANASOFFKEE FL
D	Bob ESTAK	HWY 470 CR - 415 B	" "
ST	CONN, MAUDIE M	HWY 470 CR 482	LK PANASOFFKEE FL
P	APPS, EDWIN	HWY 470-CR-434	LK PANASOFFKEE, FL 00000
D	Bill Gloskip	Hwy 470 - W. 13 Rd.	" "

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
APPS, EDWIN HWY 470 CR 434 LK PANASOFFKEE FL 33538		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City	
		000002028800--7 -12/13/96 State Code 007 ****245 FL ****245.00	

10 I, being appointed the receiver of a corporation, and familiar with all the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *Maudie M. Conn* REGISTERED AGENT MUST SIGN Date: 9-23-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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)(l), 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: *Maudie M. Conn* REGISTERED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 9-23-96 Daytime Phone #: 352-5681448