

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 -5 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
900008783809
11/04/02--01069--007 **70.00



DOCUMENT # 720545

1. Corporation Name

LAKE PANASOFFKEE FIRE PROTECTIVE ASSOCIATION, INC.

Principal Place of Business

1448 CR 459
P.O. BOX 708
LAKE PANASOFFKEE FL 33538

Mailing Address

P.O. BOX 708
LAKE PANASOFFKEE FL 33538

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/19/1971

5. FEI Number

59-1010045

☒ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	RAY, LOUISE E	P.O. BOX 1197	LAKE PANASOFFKEE FL 33538
VPD	EVES, KENNETH L	2396 CR 452, P.O. BOX 1375	LAKE PANASOFFKEE FL 33538
TD	HAYMON, GAYLE B	P.O. BOX 1007	LAKE PANASOFFKEE FL 33538
SD	KRAUSE, GRACE	P.O. BOX 1099	LAKE PANASOFFKEE FL 33538
D	OSTROWSKI, RICK	4758 CR 307	LAKE PANASOFFKEE FL 33538
D	KENYON, VIRGINIA	2348 CR 453, P.O. BOX 358	LAKE PANASOFFKEE FL 33538

8. Name and Address of Current Registered Agent

RAY, LOUISE E
2888 CR 422A
LAKE PANASOFFKEE FL 33538

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

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 10-30-02

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

E. RAY 10-30-02 (352) 568-0568
Date Daytime Phone #

CR2E040 (8/02)

P.O.Box 708
Lake Panasoffkee, FL 33538
352-793-4957
352-793-3484 (fax)

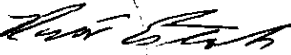
Lake Panasoffkee Fire Protection

October 29, 2002

Dear Sir or Madam:

On September 11, 2002 we sent in our paperwork and a check for 70.00 We didn't receive any paperwork back. We are sending in the dissolution paperwork with another check for 70.00 and are requesting you to wave the late fees. We have also included a copy of our original paperwork that we had sent you.

Sincerely,



Robert Estok
Tres.

Logan]