


# 2006-NOT-FOR-PROFIT CORPORATION REINSTATEMENT

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FILED

2006 NOV -1 AM 10:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 723102		
1. Entity Name RAINBOW LAKES VOLUNTEER FIRE DEPARTMENT, INC		

Principal Place of Business RAINBOW LAKES ESTATES VOL FIREDEPT 3105 SW IVY PL RAINBOW LAKES ESTATE, FL 34431	Mailing Address 3105 SW IVY PL. RAINBOW LAKES ESTATES, FL 34431
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3100614		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  WESCOTT, SHARON 24343 NW ASPEN LANE DUNNELLON, FL 34431	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <u>Sharon Wescott Registered Agent</u>	DATE <u>10-24-06</u>

FILE NOW!!! FEE IS \$61.25 After January 1, 2007, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ, BARRY	NAME	700081616907
STREET ADDRESS	2311 SW PARADISE HGTS RD.	STREET ADDRESS	11/09/06--01009--014 **\$61.25
CITY-ST-ZIP	DUNNELLON, FL 34431	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOLLER, MICHAEL	NAME	
STREET ADDRESS	3489 SW IVY	STREET ADDRESS	
CITY-ST-ZIP	DUNNELLON, FL 34431	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESCOTT, SHARON	NAME	REINSTATEMENT <u>06</u>
STREET ADDRESS	24343 NW ASPEN LANE	STREET ADDRESS	
CITY-ST-ZIP	DUNNELLON, FL 34431	CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOLLER, RACHEL	NAME	JOSEPH HITT
STREET ADDRESS	3489 SW IVEY PLACE	STREET ADDRESS	22400 S.W. NEPTUNE BLVD
CITY-ST-ZIP	DUNNELLON, FL 34431	CITY-ST-ZIP	DUNNELLON, Fla 34431
TITLE	C <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSEPH HANS	NAME	JOSEPH HANS
STREET ADDRESS	8830 S.W. 200 CIRCLE	STREET ADDRESS	8830 S.W. 200 CIRCLE
CITY-ST-ZIP	DUNNELLON, Fla 34431	CITY-ST-ZIP	DUNNELLON, Fla 34431
TITLE	AB <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANCIS O'REILLY	NAME	FRANCIS O'REILLY
STREET ADDRESS	2652 S.W. VIBURNUM RD	STREET ADDRESS	2652 S.W. VIBURNUM RD
CITY-ST-ZIP	DUNNELLON, Fla 34431	CITY-ST-ZIP	DUNNELLON, Fla 34431

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <u>Asst Chief Francis J O'Reilly</u>	DATE <u>10-24-06</u> DAYTIME PHONE # <u>352 489-2416</u>

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FLORIDA DEPT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FLA 32314

10/24/06

ATTN: TYRONE SCOTT  
DOCUMENT SPECIALIST

Dear Mr. Scott:

Please be advised that I have sent in this document twice before after I downloaded this same form off of my computer. I had my Chief Joe Hans sign it. The form was returned to me stating there was no signature on it.

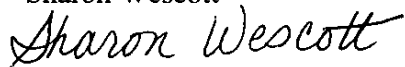
The second time I sent the form back our Asst Chief Francis O'Reilly signed the form and I sent it back and here again I am sending you another form with all necessary signatures on it.

On this third time of having this form signed the Asst Chief will be signing on line #12 Francis O'Reilly. The same person I had sign the second form.

If there are any questions please contact me at 352-489-7639.

Thank you,

Sharon Wescott



Secretary and Registered Agent

Rainbow Lakes Estates Volunteer Fire Dept