

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 723102**

1. Corporation Name

Rainbow Lakes Estates Volunteer Fire Dept

2. Principal Office Address - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

3105 S.W. Ivy Place

Suite, Apt. #, etc.

City & State

Dunnellon, Florida

Zip

34431

Country

USA

7. Name and Address of Current Registered Agent

Name

Sharon R. Wescott

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

24343 N.W. Aspen Lane

Suite, Apt. #, Etc.

City

Dunnellon

State

FL

Zip Code

34431

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

*Sharon R. Wescott*

REGISTERED AGENT MUST SIGN

Date March 19, 2010

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
C	Joseph Hans	8830 S.W. 200 Circle	Dunnellon, Fla 34431
AC	Francis O'Reilly	2652 S.W. Viburnnum Rd	Dunnellon, Fla 34431
P	Ryce Noller	3489 S.W. Ivy Place	Dunnellon, Fla 34431
VP	Roger Salmons	1930 S.W. Harbor Hills Rd	Dunnellon, Fla 34431
S	Sharon R. Wescott	24343 N.W. Aspen Lane	Dunnellon, Fla 34431
T	Joseph Hitt	22400 S.W. Neptune Blvd	Dunnellon, Fla 34431

10. E-mail Address: Bugster3352@aol.com

(To be used for future annual report notification)

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. I further certify, 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: *Sharon R. Wescott* (SHARON R. WESCOTT)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/10

Date

352-489-7639

Daytime Phone #

**FILED**

10 MAR 22 AM 11:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**

800172792198

03/22/10--01051--024 \*\*183.75

CR2E081 (11/09)

**RH**

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

593100614

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☒ 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.