PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
97 JAN 31 AM 7:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 723668

1. Corporation Name

MOUNT PLYMOUTH FIRE RESCUE COMPANY, INC.

Principal Place of Business	Mailing Address
31431 Walton Heath Avenue Mt. Plymouth, FL 32776	31431 Walton Heath Avenue Mt. Plymouth, FL 32776

REINSTATEMENT ao 94-97

DO NOT WRITE IN THIS SPACE

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 Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 5-13-91

5. FEI Number: 59-2475887 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least a president and secretary)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
P/D	Elliot L. Moore	30335 Musselburg Place	Mt. Plymouth, FL 32776
V/D	Teenie Callen	32301 Okaloosa Trail	Sorrento, FL 32776
S/D	Dianna L. Crow	25331 St. Anna Street	Mt. Plymouth, FL 32776
T	Charlotte Moore	30335 Musselburg Place	Mt. Plymouth, FL 32776
			900002074099--0
			[illegible]

8. Name and Address of Current Registered Agent

Elliot L. Moore
30335 Musselburg Place
Mt. Plymouth, FL 32776

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

CR2E040 (12/96)

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.

Signature of Registered Agent: √ Elliot L Moore — Date: √ Jan 24, 1997

REGISTERED AGENT MUST SIGN

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: √ Elliot Moore, President — Date: √ Ja 24 '97 — Daytime Phone #: √352/742-1766

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 242458 9585A

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 472.50

ORDER DATE : January 30, 1997

ORDER TIME : 10:30 AM

ORDER NO. : 242458-005

CUSTOMER NO: 9585A 900002074099--0

CUSTOMER: G. Edward Clement, Esq
Potter Clement And Lowry
308 East Fifth Avenue

Mount Dora, FL 32757

DOMESTIC FILINGS

NAME: MOUNT PLYMOUTH FIRE RESCUE COMPANY, INC.

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX_____ CERTIFIED COPY
_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kathy Drake

EXAMINER'S INITIALS MWB