

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 JAN 19 PM 12:53

SECRETARY
TALLAHASSEE, FL 32304

DOCUMENT #731219

1. Corporation Name

ST. GEORGE ISLAND VOLUNTEER FIRE DEPARTMENT, INC.

300215581653
01/19/12--01025--004 **61.25

300215581653
12/28/11--01027--003 **236.25

CR2E081 (11/10)

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

324 EAST PINE AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 682

Suite, Apt. #, etc.

City & State

ST. GEORGE ISLAND, FL

City & State

ST GEORGE ISLAND, FL

Zip

32328

Country

FRANKLIN

Zip

32328

Country

FRANKLIN

4. Date Incorporated or Qualified
To Do Business in Florida

NOVEMBER 20, 1974

5. FEI Number
59 2928713

☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

FRED J. BONO

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

700 BUCK STREET

Suite, Apt. #, Etc.

City

ST GEORGE ISLAND

State

FL

Zip Code

32328

REINSTATEMENT 11-12

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

Fred J. Bono

REGISTERED AGENT MUST SIGN

Date 12/30/11

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	HAYES, BUD	1235 WATKINS COVE	ST GEORGE ISLAND, FL 32328
S	COLVIN, STANLEY	824 N. BAYSHORE DRIVE	ST GEORGE ISLAND, FL 32328
T	BONO, FRED J.	700 BUCK STREET	ST GEORGE ISLAND, FL 32328
D	FICKLEN, SUSAN	801 W. GORRIE DRIVE	ST GEORGE ISLAND, FL 32328
D	FISHER, LAURA	123 OLD FERRY DOCK ROAD	EASTPOINT, FL 32328
D	ABBOTT, JAMES	473 W. GULF BEASH DRIVE	ST GEORGE ISLAND, FL 32328

10. E-mail Address: sgichief007@yahoo.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE:

Bud Hayes *Bud Hayes* *Bud Hayes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/23/11 (850) 323-0178