


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JAN 27 AM 10:49

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 731443

1. Corporation Name
NASSAUVILLE VOLUNTEER FIRE DEPARTMENT

2. Principal Office Address <u>1426 NASSAUVILLE ROAD</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>1426 NASSAUVILLE ROAD</u> Suite, Apt. #, etc.	
City & State <u>FERNANDINA BEACH FL</u>		City & State <u>FERNANDINA BEACH FL</u>	
Zip <u>32034</u>	Country <u>USA</u>	Zip <u>32034</u>	Country <u>USA</u>

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02/03/06--01010--003 **607.U0

REINSTATEMENT 00-06

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida 12-23-74

5. FEI Number 593547153
~~11071~~

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED 5875 Additional Fee required for Certificate of Status

7. Name and Address of Current Registered Agent

Name
JOHN T. PICKETT SR. PRESIDENT

Street Address (P.O. Box Number is Not Acceptable)
3214 CREWS ROAD N.

Suite, Apt. #, Etc.

City
FERNANDINA BEACH

State
FL

Zip Code
32034

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of Registered Agent John T. Pickett Sr. President Date 1-25-06

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

T/Ws	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	JOHN T. PICKETT SR.	3214 CREWS ROAD N.	32034
V	STEVIE PICKETT	3178 CREWS ROAD N.	FERNANDINA Bch, FL, 32034
T	RALPH WATSON	1626 GERALD CIRCLE	FERNANDINA Bch, FL, 32034
S	BILL RANSON	3353 OWENS ROAD	FERNANDINA Bch, FL, 32034
C/D	DANNY HUGHES	1562 RAINBOW ACRES RD.	FERNANDINA Bch, FL, 32034
D	EDDIE EDWARDS	2456 DUCK LAKE DR. W.	FERNANDINA Bch, FL, 32034
D	CHUCK LLOYD	3772 DIRT ROAD	FERNANDINA Bch, FL, 32034

10. 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 contained in Chapter 119, 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: Chief Danny Hughes / Chief DANNY HUGHES 1-25-06 904-753-0429

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #