

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 FEB 21 AM 10:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 731724**

**1. Corporation Name**

Poinciana Volunteer Fire Department, Inc.

**2. Principal Office Address**

104 N. Church Street

Suite, Apt. #, etc.

City & State

Kissimmee, FL

Zip

34741

Country

USA

**3. Mailing Office Address**

104 N. Church Street

Suite, Apt. #, etc.

City & State

Kissimmee, FL

Zip

34741

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

1/24/1975

**5. FEI Number**

591756736

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

Brian M. Mark, Esq.

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

104 N. Church Street

Suite, Apt. #, Etc.

City

Kissimmee

State  
FL

Zip Code  
34741

**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

*Brian M. Mark*

REGISTERED AGENT MUST SIGN

Date

1-8 Feb 2003

**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
PD	James Jablonsky	104 N. Church Street	Kissimmee, FL 34741
TSD	Deborah Jablonsky	104 N. Church Street	Kissimmee, FL 34741
D	Lori Hill	104 N. Church Street	Kissimmee, FL 34741

**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 under section 119.07(3)(i), 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:

*James Jablonsky*

James Jablonsky

2/18/03

863-427-0088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

2/25

LAW OFFICES OF  
BRIAN MICHAEL MARK, P.A.  
104 NORTH CHURCH STREET  
KISSIMMEE, FLORIDA 34741-5055

FACSIMILE: (407) 932-3965  
E-MAIL: leadtoy@aol.com

TELEPHONE: (407) 932-3933

February 18, 2003

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

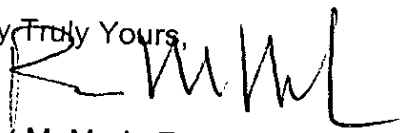
Re: Request waiver of penalty in reinstatement of Poinciana Volunteer Fire Department, Inc.

Dear Sir/Madam:

Enclosed please find our check in the amount of One Hundred, Twenty-two Dollars, Fifty Cents (\$122.50) for reinstatement and current fees for the Poinciana Volunteer Fire Department, Inc. It is requested that the Division of Corporations waive the penalty for the failure of the Poinciana Volunteer Fire Department, Inc. to file its 2001 Annual Report. A change of officers occurred, and the new officers were unaware of the non-filing of the Annual Report.

Thank you for your consideration of this matter.

Very Truly Yours,



Brian M. Mark, Esq.  
BMM/jf

enclosure

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
FEB 20 2003