

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JAN 11 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 731759

1. Corporation Name

FLORIDA HIGHLANDS VOLUNTEER FIRE DEPARTMENT, IN
C.

Principal Place of Business

Mailing Address

9972 SW 155TH ST
DUNNELLON FL 34432
US

9972 SW 155TH ST
DUNNELLON FL 34432
US

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 Office 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

01/27/1975

5. FEI Number

03-0001220

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	STEPHENIE SMITH RAY LLOYD	8392 SW 147TH LN. 160th PL.	DUNNELLON FL 34432 Dunnellon Fla. 34432
VPD	HOCKING, LIZ MAX HOLLINSWORTH	11705 140 FL 9455 S.W. 156th PL.	DUNNELLON FL 34432 Dunnellon Fla. 34432
TD	SMITH, JR, DONALD W TAMMY HUNTER	8392 SW 147 LN 10025 S.W. 153rd LN	DUNNELLON FL 34432 Dunnellon Fla. 34432
S	HOCKING, KEN TAMMY HUNTER	11705 140 FL 10025 S.W. 153rd LN	DUNNELLON FL 34432 Dunnellon Fla. 34432
			800003856518--2 -03/16/01--01096--002 ****236.25 LG****236.25

8. Name and Address of Current Registered Agent

SMITH, JR, DONALD W
8392 SW 147 LN
DUNNELLON FL 34432

9. Name and Address of New Registered Agent

Name

TAMMY HUNTER

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

10025 S.W. 153rd LANE

Suite, Apt. #, Etc.

City

Dunnellon

State

FL

Zip Code

34432

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

Tammy Hunter

Date 12-23-00

REGISTERED AGENT MUST SIGN

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 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:

Tammy Hunter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(351) 237-6267

Daytime Phone #

CR2E040 (8/00)