

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAY -6 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 732539

1. Corporation Name

Santa Rosa County Firefighter's Association Inc.

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

6223 Hwy 90 #189

Suite, Apt. #, etc.

City & State

Milton

Zip

FL

Country

32570

3. Mailing Office Address

6223 Hwy 90 #189

Suite, Apt. #, etc.

City & State

Milton

Zip

FL

Country

32570

100128565961
05/06/08--01007--008 **192.50

REINSTATEMENT 06-08

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-1833817

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

John E Reble

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

6223 Hwy 90 #189

Suite, Apt. #, Etc.

City

Milton

State

FL

Zip Code

32583

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

John E Reble
REGISTERED AGENT MUST SIGN

Date 04/16/08

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
P	John E Reble	5569 Polaris Drive,	Milton, FL 32570
V	Les Slocum	2025 Burjonik Drive	Navarre, FL 32566
V	Nick Anderson	5616 Kingery Road	Milton, FL 32583
S	Pat Wadkins	4160 Stephens Road	Pace, FL 32571
T	Sandy Luntsford	5748 Pebble Ridge Drive	Milton, FL 32583

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:

John E Reble
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/08 850-983-5432
Date Daytime Phone #



*SANTA ROSA COUNTY
FIREFIGHTER'S ASSOCIATION
6223 Hwy 90 #189
MILTON, FL 32570*

*John Reble, President
Nick Anderson, 1st Vice President
Les Slocum, 2nd Vice President*

*Pat Wadkins, Secretary
Sandy Luntsford, Treasurer*

May 1, 2008

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

RE: Santa Rosa County Firefighter's Association Inc
Non-Profit Corporation Reinstatement - Article # 732539

Please find enclosed check # 264 in the amount of \$192.50 for reinstatement fees on the above Non-Profit Corporation. Fees included are for 2006, 2007 and 2008 at \$61.25 and a fee of \$8.75 for certificate of status. We are requesting a waiver of the reinstatement fee as our notices were not received and confirmation that they were returned was confirmed by your office. We have notated on the reinstatement new office and mailing addresses, along with a new registered agent and new officers.

Thank you for your assistance in this matter.

Sincerely,

Sandy Luntsford
Treasurer