

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 MAR 10 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 732653

1. Corporation Name

Ladies Auxiliary of the Tri-Village Volunteer Fire & Rescue Department, Inc.

2. Principal Office Address
13837 State Road 20

Suite, Apt. #, etc.

City & State

Niceville, FL

Zip
32578

Country
US

3. Mailing Office Address
13837 State Road 20

Suite, Apt. #, etc.

City & State

Niceville, FL

Zip
32578

Country
US

REINSTATEMENT 01-05

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

5. FEI Number
510201983

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
Smith, Virginia

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

Suite, Apt. #, Etc.

City
Freeport

State
FL

Zip Code
32439

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

Virginia L. Smith
REGISTERED AGENT MUST SIGN

Date 3-08-05

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
SD	Lydia Dawkins	409 Persimmon Street	Freeport, FL, 32439
TD	Virginia Smith	295 Persimmon Street	Freeport, FL, 32439
PD	Lydia Dawkins	409 Persimmon Street	Freeport, FL, 32439

700048401317
03/15/05 01017-001 **481.25

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

Lydia Dawkins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3 March 05

Date

Daytime Phone #

CR2E03 (01/05)

3/11/05