

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 735998

1. Corporation Name

NOMA VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

MAIN STREET
P.O. BOX # 160
NOMA FL 32452

Mailing Address

MAIN STREET
P.O. BOX # 160
NOMA FL 32452

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

06/03/1976

5. FEI Number

59-1969824

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PF	SKIPPER, ROBERT L.	RAILROAD AVENUE	NOMA FL 32452
D	MCELWAIN, DONALD	803 MAIN ST.	NOMA FL
D	SKIPPER, GEORGE T.	105 SKIPPER AVENUE	NOMA FL 32452
D	DOZIER, DAVID	1002 WILLIAMS ST.	NOMA FL
D	DIXON, KATE	RT 2 BOX 109A ST. MARK ST.	BONIFAY FL 32425
			2000002346562-6 -11/13/97-0107-0017 ***236.25

8. Name and Address of Current Registered Agent

~~FLOWERS, KENNETH~~ David Dozier
~~503 MAIN ST.~~ P.O. Box 9
NOMA FL 32452

9. Name and Address of New Registered Agent

Name
David Dozier
Street Address (P.O. Box Number is Not Acceptable)
P.O. Box 9
Suite, Apt. #, Etc.
1002 Williams St.
City
Nome
State
FL
Zip Code
32452

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

David Dozier

REGISTERED AGENT MUST SIGN

Date

11-3-97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for Information
on intangible tax.)

12. 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:

David Dozier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-3-97
Date

243-6071
Daytime Phone #

CR2E040 (8/97)