

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
1	2	3	4
PF	SKIPPER, ROBERT L.	<del>RAILROAD AVENUE</del> 3462 Skipper Ave	NOMA FL 32452
D	MCELWAIN, DONALD	<del>803 MAIN ST.</del> 1076 Main Street	NOMA FL
D	SKIPPER, GEORGE T.	<del>105 SKIPPER AVENUE</del> 3460 Skipper Ave	NOMA FL 32452
D	DOZIER, DAVID	<del>1002 WILLIAMS ST.</del> 3495 E. White Ave	NOMA FL
D	DIXON, KATE	<del>RT 2 BOX 109A ST. MARK ST.</del> 1012 St Mark St.	BONIFAY FL 32425
			10/11/3

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DOZIER, DAVID  
1002 WILLIAMS ST  
PO BOX 9  
NOMA FL 32452

Dwayne Dixon  
3497 1st Ave EXT  
Noma, Florida  
Bonifay FL. 32425

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*Dwayne Dixon*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 10-18-00

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:

*Dwayne Dixon*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10-18-00

263-3449  
Daytime Phone #

CR2E040 (8/00)