

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
 Jim Smith  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

02 DEC -5 AM 9:25

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # 739364

1. Corporation Name  
 PALM CITY VOLUNTEER FIREMAN'S ASSOCIATION, INC.

Principal Place of Business  
 1150 S.W. MARTIN DOWNS BLVD.  
 P O BOX 5  
 PALM CITY FL 34990

Mailing Address  
 P.O. BOX 5  
 PALM CITY FL 34991  
 US



REINSTATEMENT 02

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		4. Date incorporated or qualified to do business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/15/1977	
City & State		City & State		5. FEI Number	
Zip		Zip		59-1763744	
Country		Country		<input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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	4 City / State / Zip
<del>PT</del>	<del>MILLNER, PATRICIA T</del>	<del>521 HALPATIOKEE STREET</del>	<del>STUART FL 34994</del>
ST	SMITH, LIONEL	4560 S.W. OSCAR COURT	PORT ST. LUCIE FL 34953
D	GOETHEL, DOUG	1804 SW GREGOR WAY	STUART FL
P/T	William Ranson	3417 S.W. Corwell Ave	PALM CITY FL 34990
300009354343 12/04/02--01079--001 **236.25			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MILLNER, PATRICIA T 521 HALPATIOKEE STREET STUART FL 34994	Name William R Ranson
	Street Address (P.O. Box Number is Not Acceptable) 3417 S.W. Corwell Ave Suite, Apt. #, Etc.
	Palm City State <b>FL</b> Zip Code <b>34990</b>

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. or 617.0505, F.S.

Signature of Registered Agent: WILLIAM R RANSON **SIGNATURE REQUIRED** Date 11-20-02  
 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: WILLIAM R RANSON **SIGNATURE REQUIRED** Date 11-20-02 Daytime Phone # 872-2843463  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/02)