

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 AUG 23 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 739622

1. Corporation Name

THE PICCIOLA AREA VOLUNTEER FIRE DEPARTMENT, INC

600007371346--7

-08/27/02--01045--009

****297.50 ****297.50



Principal Place of Business

Mailing Address

P.O. BOX 172
FRUITLAND PARK FL 34731

P.O. BOX 172
FRUITLAND PARK FL 34731

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

07/11/1977

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1756723

Applied For

City & State

City & State

Not Applicable

Zip Country Zip Country

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
JD	SHEPPARD, BRIAN	02505 SPRING LAKE RD	FRUITLAND PARK FL 34731
P/D	GAMBLE, BRIAN	837 BERRYHILL CIRCLE 02505 SPRING LAKE RD	FRUITLAND PARK FL 34731
SD	SHAFFER, KIM	40255 ORNAGE CIRCLE	LADY LAKE FL 32150
BD	DAVE KAUFFMAN	02505 SPRING LAKE RD	FRUITLAND PARK, FL 34731
DT	ED GENTER	02505 SPRING LAKE RD	FRUITLAND PARK, FL 34731

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GAMBLE, BRIAN
837 BERRYHILL CIRCLE
FRUITLAND PARK FL 34731

Name BRIAN GAMBLE
Street Address (P.O. Box Number is Not Acceptable)
02505 SPRING LAKE RD
Suite, Apt. #, Etc.

City FRUITLAND PARK

State FL

Zip Code 34731

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

SIGNATURE REQUIRED

Date 12/17/01

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:

SIGNATURE REQUIRED BRIAN GAMBLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/17/01

Date

3528984254

Daytime Phone #

CR2E040 (8/01)