

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 741846

1. Corporation Name

MARION OAKS FIRE DEPARARTMENT, INC.

Principal Place of Business

Mailing Address

102 MARION OAKS LANE
OCALA FL 34473

102 MARION OAKS LANE
OCALA FL 34473

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

02/28/1978

5. FEI Number

59-1809597

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
DC	BRIGANTI, VINCENT C	15217 SW 46 CIR	OCALA FL 34473
TR	LAMOTTE, ARTHUR	17358 S.W. 25TH COURT	OCALA FL 34473
D	DEUTSCH, JOE	444 MARION OAKS GOLF RD.	OCALA FL
D	ROAKE, FAY	14697 S.W. 39TH COURT ROAD	OCALA FL 34473

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-12/12/00--01063--021

****245.00 ****245.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BRIGANTI, VINCENT C
15217 SW 46 CIR
OCALA FL 34473

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

Vincent C. Briganti

REGISTERED AGENT MUST SIGN

Date

23 Oct 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vincent C. Briganti

Date

23 Oct 00

Daytime Phone #

352 KE
245-1740

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT

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