

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 FEB -2 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
300142832433
02/04/09--01034--011 **428.75

DOCUMENT #

741935

1. Corporation Name

Desoto City Volunteer Fire Department

2. Principal Office Address - No P.O. Box #

6800 George Bludwys

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 653

Suite, Apt. #, etc.

City & State

Sebring, FL

City & State

Sebring, FL

Zip

33875

Country

U.S.A.

Zip

33870

Country

U.S.A.

7. Name and Address of Current Registered Agent

Name

CLIFFORD I. HENRY

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

316 Lotus Ave

Suite, Apt. #, Etc.

City

SEBRING

State

FL

Zip Code

33872

4. Date Incorporated or Qualified
To Do Business in Florida

03/09/1978

5. FEI Number

591838485

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

CLIFFORD I. HENRY

REGISTERED AGENT MUST SIGN

Date

1/22/09

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Clifford I. Henry	316 Lotus Ave	Sebring, FL 33872
V	Jennifer deBree	4635 Queen Palm Ave	Sebring, FL 33876
T	Tommy R. Phillips	5635 CR 17 south	Sebring, FL 33876
S	Rene L. Tolliff	2123 Orange Blossom Ave	Sebring, FL 33870

10. 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 contained in Chapter 119, 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:

CLIFFORD I. HENRY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/22/09

Daytime Phone #

863-382-7701