

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 NOV 24 AM 8:00

DOCUMENT # 742905

1. Corporation Name

Jan-Phyl Volunteer Fire Department, Inc.

REINSTATEMENT 03-04

MRS

2. Principal Office Address

21 Coleman Rd.

3. Mailing Office Address

21 Coleman Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Haven, FL

City & State

Winter Haven, FL

Zip

33880-1413

Country

Polk

Zip

33880-1413

Country

Polk

4. Date Incorporated or Qualified  
To Do Business in Florida 05/18/78

5. FEI Number  
59-2370532

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Donald L. McDonald

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

117 Leslie Ave.

Suite, Apt. #, Etc.

City

Winter Haven

State  
FL

Zip Code

33880-1230

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

*Donald L. McDonald*

REGISTERED AGENT MUST SIGN

Date 11/19/04

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
V/D	Richard L. Brown Sr.	122 Lake Sears Dr.	Winter Haven, FL 33880-1227
P/D	Elvis Tirado	1813 Nottingham SW	Winter Haven, FL 33880-2725
T/D	Donald L. McDonald	117 Leslie Ave.	Winter Haven, FL 33880-1230

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 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:

*Donald L. McDonald*

Donald L. McDonald

11/19/04

(863) 967-0495

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)