

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 DEC 29 PM 12:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 743234

1. Corporation Name

HOLT VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

HOLT VOL. FIRE DEPT.  
P.O. BOX 226  
HOLT FL 32564  
US

Mailing Address

HOLT VOL. FIRE DEPT  
RT 1 BOX 3A  
HOLT FL 32564  
US

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

06/13/1978

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2503399

Applied For

Not Applicable

City & State

City & State

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CD	<del>HOOPER, RONNIE</del> RAY Cawthon	<del>540 HIGHWAY 90 W</del> P.O. BOX 334 Holt, Fla	HOLT FL - 515 2nd Ave
STD	<del>ADAMS, JOHN</del> BILLY Adams	<del>P.O. BOX 37 COOPER LANE</del> P.O. BOX 127 Holt, Fla	HOLT FL - Don't House No. 32564 Cooper Lane
VCD	ARNETT, EUGENE	PO BOX 215 567 Southside Ave Side N.Y. 90	HOLT FL N/A
D	<del>HOOPER, MALCOLM</del> Joe Agno	RT 1 BOX 146 B	HOLT FL 32564
D	<del>PAWING, JOHN R.</del>		HOLT FL
ONE Commissioner			0600002386240-2 -12/30/97-01080-002 ***236.25 ***236.25

8. Name and Address of Current Registered Agent

~~JOHN R. BING~~  
RT 1 BOX 3A  
408 SOUTH FORK LN  
HOLT FL 32564

Eugene Arnett  
P.O. BOX 215  
Holt, Fla 32564

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

Holt

State

Zip Code

FL

32564

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

Eugene Arnett

REGISTERED AGENT MUST SIGN

Date

Nov 14 97

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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:

Eugene Arnett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov 14-97

Date

Daytime Phone #

CR2ED040 (8/97)