Bloss

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PORATI	- T			ecretary	TMENT (of State orporation	•	0	55 11 . F 8 NOV 25	Pil 3: 41	
DOCU	JMENT	# 7	474	14					LLATASS	OF TORIS	À
Llo	yd Volu	unteer	Fire Re	scue De	partm	ent, Ir	IC.		nn 1 50	on the con-	
	Office Addre		. Box #	3. Mailing Of		is		1172		32582: 17010 081 (10/08)	**358.75
Suite, Apt. #		-		Suite, Apt. #,				4. Date incorp	orated or Qualified		
City & State	· -···		-,	City & State				To Do Busir	ness in Florida 1 S	979	
Lloyd,				Lloyd, Fl	orida			5. FEI Number 59-20201			Applied For Not Applicable
32337		Country	_	32337		Country		6. CERTIFICATE	OF STATUS DESIR		litional Fee required rtificate of Status
		7. Name	and Address of	Current Regist	tered Agen	nt					
Street Addr	•		Not Acceptable)					circums	stances which	ee is imposed the entity did y checking th	not receive
201 Or Suite, Apt.							-			prior notice	
Salle, Apr.	#, Ltc.			•					ed and reque waived.	esting the rei	instatement
City Montice	ello				·	State FL 3	Zip Code 2344	100 00			
8. 1, being	appointed the	registered a	agent of the abo	e named corpo	ration, am f	familiar with	and accept the ob	oligations of section	on 607.0505 or 61	7.0503, F.S.	
Signature of Registered		aio	lip	GISTERED AG	LLLL ENT MUST	SIGN			Date	1-14-1	08
9. Names	and Street A	ddresses of	Each Officer and	or Director (Flo	rida nonpro	ofit corporati	ons must list at lea	ast 3 directors)			
Titles	Name of Officers and/or Directors				Street Address of Each Officer and/or Director					City / State / Zip)
Р	Walter	Edward	ds		POB	Box 8			Lloyd, FL	32337	
VP	Lee Mo	Clellan			59 Sp	ringfiel	d		Monticello	o, FL 3234	4
s	Jacque	lyn Dur	puis		127 J	acob's	Lane		Monticello	o, FL 3234	4
Т	Caroly	n Cook	sey		205 C)ma Rd			Monticelle	o, FL 3234	4
D	Monten	e Willia	ams	<u> </u>	180 C	Quail La	ine	····	Monticelle	o, FL 3234	14
D	John W	/illiams			180 0	Quail La	ne		Monticello	o, FL 3234	4
this rei owed t	instatement ap by the corpora	plication, th tion have be	e reason for diss en paid and the	olution has beer names of individ	n eliminated luals listed	t, the corpora on this form	ate name satisfies	the requirements an exemption con	of section 607.04	F.S. I further certify 01 or 617.0401, F. 119, F.S. The info	S., that all fees
SIGNA		GNATURE A	ND TYPED OR PA	INTED NAME OF	signing of	FICER ORD	RECTOR	11-1	4-08 Date	850 99 Daytime Pi	

11/2500

15 doft

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Jerry Weinrich	P O Box 421	Lloyd, FL 32337
FC	Nicholas Cooksey	205 Oma Rd	Monticello, FL 32344
D	Terry Hunt	179 Hunt Lane	Monticello, FL 32344
this r owed	reinstatement application, the reason for dissolution had by the corporation have been paid and the names of	ustee empowered to execute this application as provided as been eliminated, the corporate name satisfies the required individuals listed on this form do not qualify for an exemy shall have the same legal effect as if made under oath.	irements of section 607.0401 or 617.0401, F.S., that all