

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sanjay B. Mahan
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 JAN 22 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 747655

1. Corporation Name

MICCOSUKEE VOLUNTEER FIRE DEPT

Principal Place of Business

Mailing Address

P O BOX 91030
MICCOSUKEE, FL 32309

REINSTATEMENT

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

6/15/79

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-15-61210

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES	RICHARD FOERKE	7109 SANDY CREEK CT	TALLAHASSEE 32308
SEC	DENNIS NORTON	11071 BEXHILL LN	TALLAHASSEE 32308
TRES	DAVID ROGERS	12000 CROMARTK RD	TALLAHASSEE 32308
CHIEF	JACK HARRON	15210 MAHAN DR	TALLAHASSEE 32308
ASST CHIEF	DAVID BRIGHTBILL	9600 MICCOSUKEE RD	TALLAHASSEE 32308
500002413105--9 -01/27/98--01048--007 ***306.25 ***306.25			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

JACK HARRON

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

15210 MAHAN DR

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32308

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

JH

REGISTERED AGENT MUST SIGN

Date

1/22/98

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (12/96)