

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

98 MAR 16 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # **748265**

1. Corporation Name
THE FLORIDA COUNCIL OF REACT TEAMS, INC.

Principal Place of Business **Florida** Mailing Address **-113-Buckskin-Lane,
P.O. BOX-928,
Ormond-Beach, -Fl., -32074-0928**

REINSTATEMENT *97-98*

A. Alan

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
c/o M. BILL VOGENITZ

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. **203 North McDonald Ave.** Suite, Apt. #, etc.

City & State **DeLand, Florida** City & State

Zip **32724-4513** Country **Volusia** Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **JULY 30, 1979** *3/16/98*

Charter # 748265

5. FEI Number **59-296-3480** Applied For Not Applicable

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	JOHN KNOTT	1410 New York Ave.,	Orlando, Florida, 32803
VP/D	ERIC POWER	2949 Garden Terrace, N.E.	Palm Bay, Florida, 32905
VP/D	ROBERT PICKERING	286 Wellington Drive.,	Palm Coast, Florida 32164
SEC/D	ERIC PICKERING	8 Bunkerview Drive,	Palm Coast, Florida, 32135
T/D	M. BILL VOGENITZ	203 North McDonald Ave.	DeLand, Florida, 32724-4513
SGT/AT ARMS/D	JACK GOTTLIEB	3430 SW 47TH AVE.	Hollywood, Florida, 33023

8. Name and Address of Current Registered Agent

**M. BILL VOGENITZ,
203 North McDonald Ave.
DeLand, Florida, 32724-4513**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc. **7000002461337-7**

City **FL** State **FL** Zip Code **32750**

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 *M. Bill Vogenitz* Date **10-March-1998**

M. BILL VOGENITZ REGISTERED AGENT MUST SIGN

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: *M. Bill Vogenitz* TREASURER 10 March 1998 (904)734-8852

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR M. BILL VOGENITZ Date Daytime Phone #

CR2040 (1/98)