

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 MAR -4 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 750740

1. Corporation Name

HEILBRONN SPRINGS
VOLUNTEER FIRE DEPARTMENT

2. Principal Office Address

HWY 16 @ INTERSECTION
CR 229A

3. Mailing Office Address

ROUTE 2 BOX 2012

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

STARKE, FL

City & State

STARKE, FL

Zip

32091

Country

US

Zip

32091

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida**

1/24/80

5. FEI Number

592876888

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$38.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

90-02

7. Name and Address of Current Registered Agent

Name

PAUL T. COOLEY

700005110967-9

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

6004 NW 221st WAY

-03/15/02-01049-028

****980.00 ****980.00

Suite, Apt. #, Etc.

City

LAWTEY

State

FL

Zip Code

32058

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

Paul J. Cooley

Date 2/19/02

REGISTERED AGENT MUST SIGN

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
C/D	PAUL T. COOLEY	6004 NW 221st WAY	LAWTEY/FL/32058
T/D	STANLEY BENCKOWSKY	CR 225	STARKE/FL/32091
D	MORGAN REDDISH	NW 74TH AVE	STARKE/FL/32091
D	GLEN GARBER, JR.	NW 220TH WAY	STARKE/FL/32091

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:

Paul J. Cooley PAUL T. COOLEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/02
Date

(904) 509-2296
Daytime Phone #