

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

1997 JUN 13 AM 9:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 752195

1. Corporation Name

THE LANNIE ROAD VOLUNTEER  
FIRE DEPARTMENT, INC.

Principal Place of Business

Mailing Address

16519 ETHEL RD  
JAX, FL, 32218

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04-25-1980

5. FEI Number

59-6000344

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) 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
PD	IRA BOWEN	3504 LANNIE RD.	JAX. FL 32218
VD	CATHY BROWN	3490 LANNIE RD.	JAX. FL 32218
STD	ANNETTE BOWEN	3504 LANNIE RD.	JAX. FL 32218
D	BUSAN HANNER	3450 LANNIE RD.	JAX FL 32218
D	JERRY L. MILLER SR	15337 PARETE RD.	JAX FL 32218

8. Name and Address of Current Registered Agent

IRA BOWEN  
3504 LANNIE RD.  
JAX. FL 32218

Name

BILL BROWN

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

3490 LANNIE RD

Suite, Apt. #, Etc.

800002215828--3

City

JAX

\*\*\*306, 806

FL

32218

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

BILL BROWN

REGISTERED AGENT MUST SIGN

Date 5-14-97

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

CATHY BROWN

6-12-97

Date

Daytime Phone #

CR2E040 (12/96)