

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 OCT 18 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 754095

1. Corporation Name

RED BAY VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

10618 ROCK HILL ROAD
RED BAY FL 32455
US

Mailing Address

10618 ROCK HILL ROAD
RED BAY FL 32455
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/09/1980

5. FEI Number

59-2329345

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	City/State/Zip
1	2	3	4
P	THORNE, MICHAEL David Henderson	7973 STATE HWY 81 SOUTH 8887 State Hwy 81	RED BAY FL 32455
V	RUSHING, TELLIS MICHAEL Thorne	7404 STATE HWY 81 SOUTH 7973 State Hwy 81	PONCE DE LEON FL Red Bay FL 32455
T	THORNE, DENISE	7958 STATE HWY 81 SOUTH	RED BAY FLORIDA
D	THORNE, MICHAEL	7973 STATE HWY 81 SOUTH	RED BAY FLORIDA
D	MCVAY, JEFF	9935 ROCK HILL RD	RED BAY FL 32455
D	THORNE, SONNY	7958 STATE HWY 81 SOUTH	RED BAY FL

8. Name and Address of Current Registered Agent

RUSHING, TELLIS F.
7494 STATE HWY 81 SOUTH
RED BAY FL 32455

9. Name and Address of New Registered Agent

Name
Sonny Thorne
Street Address (P.O. Box Number is Not Acceptable)
7958 State Hwy 81
Suite, Apt. #, Etc.

City
Red Bay

State
FL

Zip Code
32455

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

Sonny Thorne
REGISTERED AGENT MUST SIGN

Date 10-17-00

11. 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 included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

LS

SIGNATURE: *Sonny Thorne* REQUIRED Thorne
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/17/00 Daytime Phone # 850-836-4685