

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -1 PM 12: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 754493

1. Corporation Name

LEE COMMUNITY VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

BOX 25
LEE FL 32059

Mailing Address

BOX 25
LEE FL 32059

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



REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

10/06/1980

5. FEI Number

59-2367740

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 3	City / State / Zip 4
P	THOMAS, MAURICE	RT 1 BOX 78	LEE FL 32059
VD	ODOM, JOE	RT 1 BOX 85, SE 95TH AVE	LEE FL
ST	PLAIN, DARRELL	RT. 2 BOX 6105, 255 SOUTH	LEE FL 32059
D	WIRICK, SHANNON	RT 1 BOX 821	LEE FL 32059
ST	Hooker, Roland	119 N.E. Willow Bend Loop	Lee, FL 32059

8. Name and Address of Current Registered Agent

THOMAS, MAURICE J
RT 1 BOX 78 HWY 255 SO
LEE FL 32059

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

500008753645
11/01/02--01034--006 **236.25

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-28-02

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

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/02 850-973-0492
Date Daytime Phone #

CR2E040 (8/02)