

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR 22 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

756412

1. Corporation Name

Pine Castle Fire Dept Inc.

2. Principal Office Address

1401 Betwyn Rd.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL.

City & State

Zip

32806

Country

USA

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

2-17-81

5. FEI Number

590123456

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Mims, William

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

108 East Central Blvd.

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32802

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

Date

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
PD	KASPER, James R. Jr.	1401 Betwyn Rd. OFF	Orl. FL 32806
UD	Howell, WALT	221 E. Prince St.	Orl, Fla. 32804
STD	ANDERSON, Debra	2955 Rivers End Rd.	Orl, Fla. 32817

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)(f), 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:

James R. Kasper Jr. *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-04

Date

407-228-6664

Daytime Phone #

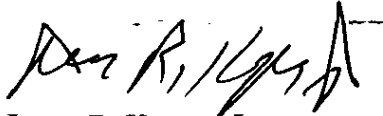
CR2E081 (10/02)

Fla. Dept. of State,

Realizing we had not received our 2003 notice and forms for renewal I checked last years records and realized we made no payment for 2002. It could have been an oversight on my part but I believe we did not receive forms for 2002. We are a small nonprofit corp. and all efforts are volunteer.

I contacted a representative from the State and am completing the necessary form and letter requesting reinstatement. Also enclosed is a check for the amount of \$122.50, for 2002 & 2003 renewal.

Thank You for Your Assistance,

A handwritten signature in black ink, appearing to read "James R. Kasper, Jr.", with a stylized flourish at the end.

James R. Kasper, Jr.