

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 20 AM 8:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 757598

1. Corporation Name

P.A.R.C.O. ARSON CO-OP OF FLORIDA, INC.

Principal Place of Business

P.O. BOX 2507  
LARGO FL 33779  
US

Mailing Address

P.O. BOX 2507  
LARGO FL 33779  
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

04/16/1981

5. FEI Number

59-2099496

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, if applicable)

| 1<br>Title(s)        | 2<br>Name of Officers<br>and/or Directors | 3<br>Street Address of Each<br>Officer and/or Director | 4<br>City / State / Zip                          |
|----------------------|---|--|--|
| B D                  | SCHNEIDER, WALTER<br>KEN LOTH             | 10750 ULMERTON RD<br>10750 ULMERTON RD-                | LARGO FL 33778<br>LARGO, FL. 33778               |
| B D                  | FEASTER, DONALD<br>THOM WARREN            | 1321 CHESTERFIELD DR<br>1195 70TH AVE. N               | CLEARWATER FL 33758<br>SEMINOLE, FL. 33772       |
| TREA<br>&<br>SECRET. | REIGHUS, ANN<br>STEVE STRONG              | 111 W STATE ST<br>1042 VIRGINIA ST.                    | OLDORAMA FL 34073<br>DUNEDIN, FL. 34698          |
| P                    | KEMERER, RON<br>DAVE KESSINGER            | 4017 50TH AVE N<br>610 FRANKLIN ST.                    | ST. PETERSBURG FL 33714<br>CLEARWATER, FL. 33756 |
| D                    | LOWMAN, FRANK<br>RANDY ST. CLAIR          | 3007 ALT. 19 N<br>6800 N. DALE MABRY #228              | PALM HARBOR FL 34883<br>TAMPA, FL. 33614         |
| VP                   | DEBEL, JOHN                               | 645 PIERCE ST  | CLEARWATER FL 33752                              |

8. Name and Address of Current Registered Agent

WARREN, THOM  
1195 70TH AVE N  
SEMINOLE FL 33772

9. Name and Address of New Registered Agent

Name  
DAVE KESSINGER  
Street Address (P.O. Box Number is Not Acceptable)  
610 FRANKLIN ST.  
Suite, Apt. #, Etc.  
11/20/02--01005--001 \*\*236.25  
City  
CLEARWATER  
State  
FL  
Zip Code  
33756

CR2E040 (8/02)

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

*DAVE KESSINGER*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 11/02/02

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:

*DAVE KESSINGER*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #