

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

98 APR 24 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 760067

1. Corporation Name

ARLINGTON VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

6241 FT. CAROLINE ROAD
JACKSONVILLE FL 32211
US

Mailing Address

6241 FORT CAROLINE ROAD
JACKSONVILLE FL 32311-3037
US

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

REINSTATEMENT 75-98

2. New Principal Office Address, If Applicable

6241 FT. CAROLINE ROAD
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

6241 FT. CAROLINE ROAD
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

09/16/1981

5. FEI Number

59-2143964

Applied For

Not Applicable

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32277

Country
DUVAL

Zip

32277

Country
DUVAL

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	SCHMIDT, DEVIN --- RICHARD ANDRIESSE	3131 UNIVERSITY BLVD, N., APT 45 --- 653 MONUMENT ROAD #903	JACKSONVILLE FL 32225
VD	DAUGHERTY, BARRY --- WAYNE DOOLITTLE	11518 MONUMENT RIDGE DR. --- 13933 HUNTERWOOD ROAD	JACKSONVILLE FL 32225
T	WATSON, ROBERT	3350 ROGERO ROAD	JACKSONVILLE FL 32277
S	SWETT, HARRY --- DAVID HOSKING	3300 UNIVERSITY BLVD, N., 2202 --- 3500 university Blvd. #2713	JACKSONVILLE FL 32277

8. Name and Address of Current Registered Agent

--- SCHMIDT, KEVIN ---
--- 3528 LENCZYK DR. ---
--- JACKSONVILLE FL 32211 ---
RICHARD ANDRIESSE
653 MOUMENT ROAD #903
JACKSONVILLE, FL 32225

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
9000002504339-0
-04/29/98-01009-004
****428.75
State FL Zip Code 32277

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

Richard Andriesse

REGISTERED AGENT MUST SIGN

Date 4-11-98

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☒ (See other side for additional information.)

12. 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.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Richard Andriesse

4-11-98

CPRE040 (6/95)