

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # 760067

1. Corporation Name

ARLINGTON VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

6241 FT. CAROLINE ROAD  
JACKSONVILLE FL 32277  
US

Mailing Address

6241 FT. CAROLINE ROAD  
JACKSONVILLE FL 32277  
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/16/1981

SP

5. FEI Number

59-2143964

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
<del>ANDRIESEN, RICHARD</del>	<del>653 MONUMENT ROAD, #903</del>	<del>JACKSONVILLE FL 32225</del>	<del>07/25/00-01034-010</del>
<del>DOOLITTLE, WAYNE</del>	<del>13941 HUNTERWOOD ROAD</del>	<del>JACKSONVILLE FL 32225</del>	<del>07/25/00-01034-010</del>
<del>WATSON, ROBERT</del>	<del>3350 ROGERS ROAD</del>	<del>JACKSONVILLE FL 32227</del>	<del>07/25/00-01034-010</del>
<del>HOSKING, DAVID</del>	<del>3500 UNIVERSITY BLVD., #2638</del>	<del>JACKSONVILLE FL 32277</del>	<del>07/25/00-01034-010</del>
<del>DAVIS, CLIFF</del>	<del>4864 OAK BAY DR. W.</del>	<del>JACKSONVILLE FL 32277</del>	<del>07/25/00-01034-010</del>

8. Name and Address of Current Registered Agent

~~ANDRIESEN, RICHARD~~  
~~653 MONUMENT ROAD, #903~~  
~~JACKSONVILLE FL 32225~~

9. Name and Address of New Registered Agent

Name WAYNE L. DOOLITTLE		
Street Address (P.O. Box Number is Not Acceptable) 13941 Hunterwood Rd		
Suite, Apt. #, Etc.		
City Jacksonville	State FL	Zip Code 32225

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

*Wayne L. Doolittle*  
REGISTERED AGENT MUST SIGN

Date 4/6/2000

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:

*Wayne L. Doolittle*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
WAYNE L. DOOLITTLE

4/6/2000  
Date

(904) 221-9221  
Daytime Phone #



REINSTATEMENT

ca-00

CR20040 (8/99)