

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 DEC 31 AM 8:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 760688

1. Corporation Name

PLANT CITY FIREMAN'S BENEFIT ASSOCIATION

Principal Place of Business

Mailing Address

RON HULL  
604 E ALEXANDER ST  
PLANT CITY FL 33566  
US

609 N ALEXANDER ST  
604 E ALEXANDER ST  
PLANT CITY FL 33566  
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

4. Date Incorporated or Qualified  
To Do Business in Florida

11/13/1981

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2054734

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	HALE, TERRY	2501 S. WIGGINS RD.	PLANT CITY FL
VP	GOUHIN, JAMES	1911 HUNTER RD. W.	PLANT CITY FL
D	MITCHELL, THOMAS E.	1906 LINDA ST	PLANT CITY FL
ST	RON HALL	4455 CINDY ROAD	LAKELAND FL
D	ROGERS, LAWRENCE A.	806 N WARNELL ST	PLANT CITY FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RONNIE D. HULL  
809 N ALEXNADER ST  
PLANT CITY FL 33566

Name

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

Suite, Apt. #, Etc.

City

300002732723-5

-01/07/99--01011--001

\*\*\*\*236 State FL \*\*\*\*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.

Signature of  
Registered Agent

*[Signature]*

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

12-28-98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information  
on intangible tax.)

12. 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-28-98 813-757-9131