

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB -9 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 760688

1. Corporation Name

Plant City Fireman's Benefit Association

2. Principal Office Address

604 E. Alexander St.

3. Mailing Office Address

604 E. Alexander St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Plant City, FL

City & State

Plant City, FL

Zip

33563

Country

USA

Zip

33563

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-2054734

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-04

7. Name and Address of Current Registered Agent

Name

Ronnie D. Hall

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

604 E. Alexander St.

Suite, Apt. #, Etc.

City

Plant City

State

FL

Zip Code

33563

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

Ronnie D. Hall

Date

2-5-04

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
P/D	Terry Hale	2501 S. Wiggins Rd.	Plant City, FL 33566
V	James Gouhin	1911 W. Hunter Rd.	Plant City, FL 33565
D	Thomas E. Mitchell	1906 E. Linda St.	Plant City, FL 33563
S/T	Ronnie D. Hall	604 E. Alexander St.	Plant City, FL 33563
D	Lawrence A. Rogers	806 N. Warnell St.	Plant City, FL 33563

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)(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:

Ronnie D. Hall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-5-04

Daytime Phone #

813-757-9131