

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 760688

1. Corporation Name

Plant City Fireman's Benefit Association

11/13/08 20067

2. Principal Office Address - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

604 E. Alexander Street

Suite, Apt. #, etc.

City & State

Plant City, FL

Zip

33563

Country

U.S.

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/13/1981

5. FEI Number
59-2054734

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Ronnie D. Hall

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

604 E. Alexander Street

Suite, Apt. #, Etc.

City

Plant City

State

FL

Zip Code

33563

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 Hall

REGISTERED AGENT MUST SIGN

Date 5/8/2008

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	Hall, Ron	4455 Cindy Road	Lakeland, FL 33810
V	Desse, Teddy	3343 Nicols Road	Lithia, FL 33547
ST	Nieves, Kenneth	3265 Park Walk Ct	Plant City, FL 33563

05/30

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 contained in Chapter 119, 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 Hall

Ronnie Hall

5/8/2008

813-757-9131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #