

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

T. Roberts MAY 09 2005

FILED

05 MAY -2 PM 5:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 760894

1. Corporation Name

BREVARD COUNTY, DISTRICT IV VOLUNTEER
FIRE DEPARTMENT, FAL

2. Principal Office Address

3780 WEST KING STREET

Suite, Apt. #, etc.

City & State

COCOA, FLORIDA

Zip

32926

Country

BREVARD

3. Mailing Office Address

P.O. BOX 236936

Suite, Apt. #, etc.

City & State

COCOA, FLORIDA

Zip

32923-6936

Country

BREVARD

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

12/03/1981

5. FEI Number

59-2285514

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

JAMES R. MCGEE

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

3780 WEST KING STREET

Suite, Apt. #, Etc.

City

COCOA

State

FL

Zip Code

32926

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

James R. McGee
REGISTERED AGENT MUST SIGN

Date 04/20/2005

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	JAMES R MCGEE	6309 BRANDT STREET	COCOA, FL 32927
VP	EDWARD INMAN	770 WHITE PINE AVE	ROCKLEDGE, FL 32955
D	JOHN GORE	819 PHILLIS WAY	COCOA, FL 32926
D,S,T	JEFF ROTH	341 CASTLEWOOD LN	ROCKLEDGE, FL 32955

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:

James R. McGee JAMES R MCGEE

04/20/2005

321-544-1722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)