

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 APR 23 AM 8:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** 762493

**1. Corporation Name**

Sirmans Volunteer Fire Dept  
Rt 1 Box 209  
Greenville Florida 32331

**2. Principal Office Address**

Sirmans Vol Fire Dept

Suite, Apt. #, etc.

Rt1 Box 209

City & State

Greenville, Florida

Zip

32331

Country

Madison

**3. Mailing Office Address**

Sirmans Vol Fire Dept

Suite, Apt. #, etc.

Rt 1 Box 209

City & State

Greenville, Florida

Zip

32331

Country

Madison

REINSTATEMENT 01-02

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\*\*\*\*306.25 \*\*\*\*306.25

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

March 19 1982

**5. FEI Number**

Not Applicable

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

Lorin E Griggs

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

Rt 1 Box 209

Suite, Apt. #, Etc.

City

Greenville

State

FL

Zip Code

32331

**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

*Lorin E Griggs*

REGISTERED AGENT MUST SIGN

Date 3-15-2002

**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
Pre	Minnie Miller	Rt 1 Box 254	Greenville, Fl 32331
VP	Sinclair Miller	Rt 1 Box 254	Greenville Fl 32331
Sec	Lorin Griggs S/O	Rt 1 Box 209	Greenville Fl 32331
Board	Lo Binzo Blue D	Rt 4 Box 270	Greenville Fl 32331
Board	Micheal Sever D	Rt 1 Box 242	Greenville Florida 32331
Board	Lorenzo Miller D	PO Box 83	Greenville Florida 32331

**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:** *LORIN GRIGGS*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-15-02

Date

850-948-4011

Daytime Phone #

CR2E081 (9/01)