

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *Page 1 of 2*

**CORPORATION  
REINSTATEMENT**



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

DOCUMENT # *762493*

1. Corporation Name

**SIRMAN'S VOLUNTEER FIRE DEPARTMENT, INC**

2. Principal Office Address

**112 SW OKALOO WAY**

Suite, Apt. #, etc.

3. Mailing Office Address

**881 SW #1 FEDERAL RD**

Suite, Apt. #, etc.

City & State

**GREENVILLE FL**

City & State

**GREENVILLE FL**

Zip

**32331**

Country

**USA**

Zip

**32331**

Country

**USA**

7. Name and Address of Current Registered Agent

Name

**GEORGE V. BLEVINS JR**

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

**881 SW #1 FEDERAL RD**

Suite, Apt. #, Etc.

City

**GREENVILLE**

*B 4/25/06*  
**REINSTATEMENT 04-04**

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

REGISTERED AGENT MUST SIGN

Date **4/15/06**

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
Pres	<b>GEORGE BLEVINS</b>	<b>881 SW #1 FEDERAL RD</b>	<b>GREENVILLE FL 32331</b>
VP	<b>PATRICK HODGE</b>	<b>169 EBB TRAIL</b>	<b>" " "</b>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/15/06 850-948-2119*

Date

Daytime Phone #

PD90272

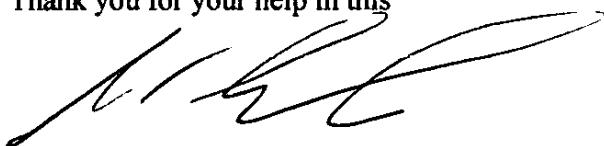
SIRMANS VOLUNTEER FIRE DEPARTMENT  
112 SW Okaloo way, Greenville Fl. 32331

Tuesday, April 18, 2006

Florida Department of State  
Division of Corporations

Please waive the reinstatement (fine) fee for Sirmans Fire Department Inc, due to  
non receipt of filing notice for the year 2004.

Thank you for your help in this



George Blevins  
mm. gb

Enclosed check for \$183.75 + 8.75 for cert. = \$192.50