

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 APR 21 PM 4:12

DOCUMENT # **762493**

1. Corporation Name

SIRMANS 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

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

74 3172751

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

GEORGE V. BLEVINS JR

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

881 SW #1 FEDERAL RD

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

[Signature]

Date

4/15/06

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
Pres	GEORGE BLEVINS	881 SW #1 FEDERAL RD	GREENVILLE FL 32331
VP	PATRICK HODGE	169 Ebb TRAIL	" " "

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

Date

850-948-2119

Daytime Phone #

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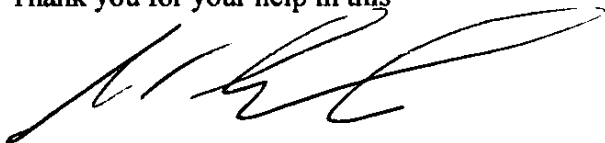
SIRMANS VOLUNTEER FIRE DEPARTMENT
112 SW Okaloo way, Greenville Fl. 32331

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