

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR 26 PM 6:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 764361

1. Corporation Name

THE ENSLEY FIRE DEPARTMENT, INCORPORATED

REINSTATEMENT

02504

2. Principal Office Address

8634 PENSACOLA BLVD

3. Mailing Office Address

PO BOX 7071

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PENSACOLA FL

City & State

PENSACOLA FL

Zip

32534-3266

Country

USA

Zip

32534-7071

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 07/29/1982

5. FEI Number

59-24552236

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

DANA DREXLER

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

2621 BROOME CIRCLE

Suite, Apt. #, Etc.

City

CANTONMENT

State

FL

Zip Code

32533-3801

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**

Dana Drexler

Date 03-19-2004

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
VD	GERRILL O'STEEN	8601 DORIS AVE	PENSACOLA FL 32514
SD	CHRISTINA KEELER	2472 RYALE RD	CANTONMENT FL 32533
PD	JASON WALKER	219 CRAFT ST	PENSACOLA FL 32534
D	JOE RAMEY SR	6670 WONDERLAKE RD	PENSACOLA FL 32526
TD	DANA DREXLER	2621 BROOME CIRCLE	CANTONMENT FL 32533

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)(l), 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:

Jason Walker

JASON WALKER

Date

03-19-2004

850-474-9256

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (07/04)