

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JAN -4 PM 4:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 768086

1. Corporation Name

ROLLING GREENS Volunteer  
FIRE DEPARTMENT, INC.

2. Principal Office Address

7098 HOLYOKE CT.

Suite, Apt. #, etc.

City & State

OCALA, FL.

Zip

34472-3224 MARION

3. Mailing Office Address

7098 HOLYOKE CT.

Suite, Apt. #, etc.

City & State

OCALA, FL.

Zip

34472-3224 MARION

REINSTATEMENT 04-05

10/28/04 01045 001 61.25

4. Date Incorporated or Qualified  
To Do Business in Florida

4-21-1983

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

HAROLD C. PRYOR

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

6894-B EASY ST.

Suite, Apt. #, Etc.

City

OCALA.

State

FL

Zip Code

34472

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

*Harold C. Pryor*

REGISTERED AGENT MUST SIGN

Date 10-19-04

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.	JEAN WAGNER	1400A W. Gleneagles Rd	OCALA, FL 34472
T.	ARTHUR NASH	6501A PORTRUSH Rd.	OCALA, FL 34472
S.	EDWIN "TED" WATSON	211 B E. Gleneagles Rd.	OCALA, FL 34472
T.	HAROLD C. PRYOR	6894B EASY ST	OCALA, FL 34472

800042283448

10/28/04--01045--001 \*\*61.25

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:

*Harold C. Pryor*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-19-04

Date

352-624-1614

Daytime Phone #

CR2E081 (01/04)