

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
06 AUG 11 PM 1:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 769016

1. Corporation Name  
*Vero Lake Volunteer Fire Department, Inc*

2. Principal Office Address  
*9448 82<sup>nd</sup> Street*

3. Mailing Office Address  
*98 North Elm St*

Suite, Apt. #, etc.

City & State  
*Vero Beach, FL*      *Fellsmere FL*

Zip      Country      Zip      Country  
*32967*      *USA*      *32948*      *USA*

REINSTATEMENT 03-06

4. Date Incorporated or Qualified To Do Business in Florida  
*6-21-1983*

5. FEI Number  
*59-2357237*

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  
*Cathi Wilson*

Street Address (P.O. Box Number is Not Acceptable)  
*98 North Elm Street*

Suite, Apt. #, Etc.

City  
*Fellsmere, FL*

State  
**FL**

Zip Code  
*32948*

*000078728150*  
*08/15/06--01039--009 \*\*428.75*

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  
*Cathi Wilson*

REGISTERED AGENT MUST SIGN

Date  
*6-23-06*

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
P	<i>Fred Melasi</i>	<i>7920 92<sup>nd</sup> Avenue</i>	<i>Vero Beach, FL 32967</i>
V	<i>Dusty Shertin</i>	<i>8256 98<sup>th</sup> Court</i>	<i>Vero Beach, FL 32967</i>
S	<i>Fay Markovitz</i>	<i>8215 95<sup>th</sup> Avenue</i>	<i>Vero Beach, FL 32967</i>
T	<i>Cathi Wilson</i>	<i>98 North Elm Street</i>	<i>Fellsmere, FL 32948</i>
D	<i>Jimmy Young</i>	<i>8156 100<sup>th</sup> Avenue</i>	<i>Vero Beach, FL 32967</i>
D	<i>Tommy Giglio</i>	<i>8325 93<sup>rd</sup> Avenue</i>	<i>Vero Beach, FL 32967</i>

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: *Cathi Wilson*      *Cathi Wilson*      *6-23-06*      *772-234-5353*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E081 (01/04)