## PLEASE READ ALL INSTRUCTIONS DEFENE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLOF	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS					10 HAY 26 PM 3: 28			
DOCUMENT # N0000005874  1. Corporation Name										SECRETARY OF STATES			
Mary Esther Fire Rescue Organization, Inc.													
W1-23705													
2. Principal Office Address - No P.O. Box #					3. Mailing Office Address					714/10	3 <b>45</b> 7 3-009 <b>45</b> 12.50		
195 Chr	195	195 Christobal Road North						31 (12/07)					
Suite, Apt.	Suite, Apt. #, etc.					Suite, Apt. #, etc.							
									4. Date Incorporated or Qualified To Do Business in Florida 09/06/2000				
City & State	)			City &	City & State				5. FEI Nun		Applied For		
Mary Esther, Florida					Mary Esther, Florida				59-3668596 Not Applicable				
Zip 32569	·		2ip 32569		89	Country		try	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status				
7. Name and Address of Current Registered Agent													
Name SPIEGEL & UTRERA, P.A.								The reinstatement fee is imposed, except in circumstances which the entity did not receive					
Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22nd Street								the prior notices. By checking this box, you are certifying the prior notices were not					
Suite, Apt. #, Etc. 4th Floor							received and requesting the rein fee be waived.						
City Miami							State Zip Code 33145						
8. 1, 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.  Spiegel & Utrera, P.A.													
Registered Agent By: Natalia Utrera, Vice-President REGISTERED AGENT MUST SIGN									Date				
								orations must list at l	east 3 directors	)			
Titles	dia Great A	Name of floers and/or Dir		Street Address of El Officer and/or Direct			treet Address of Eac	:h	City / State / Zip				
PD	Ronald J. McArtor				195 Christobal Road North				1	Mary Esther, Florida 32569			
VSD	Joey Boudreaux				195 Christobal Road North				1	Mary Esther, Florida 32569			
VTD	Troy Sm			195 Christobal Road North				1	Mary Esther, Florida 32569				
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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 filling 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 two 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 Date Dayling Phone #													