

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **NO0000006227**

1. Corporation Name

O'Brien Volunteer Fire Department, Inc.

2. Principal Office Address - No P.O. Box #
10121 CR 349

3. Mailing Office Address
PO Box 439

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

O'Brien, Florida

City & State

O'Brien, Florida

Zip
32071

Country
Suwannee

Zip
32071

Country
Suwannee

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
593671927

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
Timothy Nagy

Street Address (P.O. Box Number is Not Acceptable)
26089 83rd Road

Suite, Apt. #, Etc.

City
Branford

State
FL

Zip Code
32008

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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06/26/07--01049--012 **297.50

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

Date **6-12-2007**

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
P/D	Timothy Nagy	26089 83rd Road	Branford, Florida 32008
S/T/D	Rhonda Hill	21514 124th Place	Live Oak, Florida 32060
D	Katie Rhoden	3376 212th Street	Lake City, Florida 32024
D	Robert Jones	PO Box 202	O'Brien, Florida 32071
D	Robert mincks	22403 93rd Drive	O'Brien, Florida 32071

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:

Timothy Nagy

6-12-2007

386-935-4768

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #