

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVAL  
AND  
FEE

1/2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

05 JUL 12 PM 1:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N00000007297

**1. Corporation Name**

Florida Firefighter Games, Inc.

**2. Principal Office Address**

500 Lake Francis Road

Suite, Apt. #, etc.

**3. Mailing Office Address**

P. O. Box 608792

Suite, Apt. #, etc.

**City & State**

Lake Placid, FL

**City & State**

Orlando, FL

**Zip**

33852

**Country**

USA

**Zip**

32860

**Country**

USA

**REINSTATEMENT**

03-05

**4. Date Incorporated or Qualified  
To Do Business in Florida**

11/2000

**5. FEI Number**

59-3686219

**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**

Scott Scherr

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

360 Lake Kathryn Circle

Suite, Apt. #, Etc.

**City**

Casselberry

**State**

FL

**Zip Code**

32707

**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

*Scott Scherr*

Date

7/1/5

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
Pres	Blackie Ballas	500 Lake Francis Rd.	Lake Placid, FL 33852
VP	Orlando Pena	10950 NW 64th Drive	Parkland, FL 33076
Sec	Scott Scherr	360 Lake Kathryn	Casselberry, FL 32707
Treas	Craig Mueller	2719 SE 23rd Avenue	Ocala, FL 34471

100057346021  
07/12/05--01036--012 \*\*183.75

**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:

*Scott Scherr* Scott Scherr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/1/5

Daytime Phone #

866-233-4263

CR20081 (01/05)



2/2

## **FLORIDA FIREFIGHTER GAMES INC.**

P.O. BOX 608792 • ORLANDO, FL 32860 • FLORIDAFIREGAMES.ORG  
407-696-5390 • 1-866-233-4263 • 1-866-2FFGAME • 407-696-4669 FAX

July 7, 2005

Florida Department of State  
Division of Corporations  
409 E. Gaines St  
Tallahassee, FL 32399

Our organization is writing this letter to request waiver of the reinstatement fee. We have not received our notice for annual report for several years, as our registered agent – who passed away, handled this. We have updated our report and submitted the document as requested by the office of corporations and the associated fees accompany this request.

Thank you for your attention in this matter.

Scott Scherr  
Secretary

Doc#N00000007297