

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 FEB 24 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00543

1. Corporation Name

ALMARANTE VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

3710 OLD CALIFORNIA RD
LAUREL HILL FL 32567

Mailing Address

Betty K. Willis
8867 Hwy 85 N
P.O. Box 126
LAUREL HILL FL 32567

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Betty K. Willis
8867 Hwy 85 N
P.O. Box 126
LAUREL HILL, FL 32567
OK 11005A

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

12/22/1983

5. FEI Number

59-2390469

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City, State, Zip
P	FREE, KEITH	7303 HWY 393	LAUREL HILL FL 32567
V	MARINI, NEAL	124-5TH ST	LAUREL HILL FL 32567
T	SETERFITT, JERRY	7305 SENTERFITT RD	LAUREL HILL FL 32567
S	WILLIS, BETTY	8867 HWY 85 N	LAUREL HILL FL 32567
D	COOK, JAMES	3407 HWY 2	LAUREL HILL FL 32567
D	DURKEE, CAROLYN	3121 COREY RD	LAUREL HILL FL 32567

8. Name and Address of Current Registered Agent

FREE, KEITH
7303 HWY 393
LAUREL HILL FL 32567

9. Name and Address of New Registered Agent

Name: Betty K. Willis
Street Address (P.O. Box Number is Not Acceptable): P.O. Box 126 - 8867 Hwy 85 N.
Suite, Apt. #, Etc.:
City: LAUREL Hill
State: FL
Zip Code: 32567

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Betty K. Willis

REGISTERED AGENT MUST SIGN

Date: 1/29/99

11. This corporation owes or has paid the current year

* Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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:

Betty K. Willis - Betty K. Willis, Sec. 1/29/99 850-652-4266

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #