

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JAN -7 PM 5:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N0200002124*

1. Corporation Name

Yulee Volunteer Firemen's Association, Inc.

2. Principal Office Address

86048 Goodbread Rd

Suite, Apt. #, etc.

City & State

Yulee FL 32097

Zip

32097

Country

USA

3. Mailing Office Address

P.O. Box 727

Suite, Apt. #, etc.

City & State

Yulee FL 32041

Zip

32041

Country

USA

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

3-18-02

5. FEI Number

59-3531000

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

King, Joseph E

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

86048 Goodbread Rd

Suite, Apt. #, Etc.

City

Yulee

State

FL

Zip Code

32097

\$183.75

200044292602

*01/07/05 01018-018 **236.25*

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

Joseph E. King

REGISTERED AGENT MUST SIGN

Date *11-26-2004*

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
<i>D</i>	<i>King, Joseph</i>	<i>85679 Blackmon Rd</i>	<i>Yulee FL 32097</i>
<i>D</i>	<i>Rowell, Ricky</i>	<i>2210 Haddock Rd</i>	<i>Yulee FL 32097</i>
<i>D</i>	<i>Lightsey, Kelly Lee</i>	<i>1636 Amy Rd</i>	<i>Yulee FL 32097</i>
<i>D</i>	<i>Blaney, Ronald L Jr</i>	<i>562 Kirkland Rd</i>	<i>Yulee FL 32097</i>
<i>D</i>	<i>Castle, Donald</i>	<i>85105 Claxton Rd</i>	<i>Yulee FL 32097</i>
<i>D</i>	<i>Parker, Fred</i>	<i>2352 U.S. 17 North</i>	<i>Yulee FL 32097</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: *JOSEPH E. KING*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-26-2004 904753-2541

Date

Daytime Phone #

CR2E001 (01/04)