

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY 14 PM 6:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000003545

1. Corporation Name

Retired Seminole Firefighters Association,
Inc.

400037342624
05/26/04--01049--025 **297.50

2. Principal Office Address

11783 Ashley Court

3. Mailing Office Address

11783 Ashley Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Seminole, Florida

City & State

Seminole, Florida

Zip
33772

Country
Pinellas

Zip
33772

Country
Pinellas

REINSTATEMENT

03-01

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

5/9/02

5. FEI Number

81-0552155

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 C. Schuler

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

9075 Seminole Boulevard

Suite, Apt. #, Etc.

City

Seminole

State
FL

Zip Code
33772

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

4.14.04

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
PD	Robert Beim	13485 - 88th Ave. - N.	Seminole, FL 33776
SD	Bernard Cramer	20781 SW 90th Loop	Dunnellon, FL 34431
TD	Richard L. Long	11783 Ashley Court	Seminole, FL 33772

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:

Robert Beim, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/04
Date

727
481-3145
Daytime Phone #