2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03314

FILED Jan 05, 2005 Secretary of State

Entity Name: SUNTREE/VIERA VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business: New Principal Place of Business:

400 PINEDA COURT MELBOURNE, FL 32940

Current Mailing Address: New Mailing Address:

P.O. BOX 410108 P.O. BOX 410108

MELBOURNE, FL 32941 MELBOURNE, FL 32940

FEI Number: 59-3181139 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

THIMLAR, BRENDA J COLLINS, KENNETH L JR
916 BERYL DRIVE 3425 LONG LEAF DR
ROCKLEDGE, FL 32955 US MELBOURNE, FL 32940 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: KENNETH L COLLINS JR 01/05/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: THIMLAR, BRENDA J Name: COLLINS, KENNETH L JR Address: 916 BERYL DRIVE Address: 3425 LONG LEAF DR

Address: 916 BERYL DRIVE Address: 3425 LONG LEAF DR
City-St-Zip: ROCKLEDGE, FL 32955 City-St-Zip: MELBOURNE, FL 32940

Title: VD () Delete Title: () Change () Addition

 Name:
 SCHROETER, DAVID
 Name:

 Address:
 1708 RACHEL ROAD
 Address:

 City-St-Zip:
 MELBOURNE, FL 32934
 City-St-Zip:

Title: STD () Delete Title: () Change () Addition

 Name:
 HOWARD, CORY
 Name:

 Address:
 886 WESTPORT DRIVE
 Address:

 City-St-Zip:
 ROCKLEDGE, FL 32955
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH L COLLINS JR PD 01/05/2005