

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

04 FEB -9 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 98-04

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N04309**

1. Corporation Name
Escambia County Volunteer Firemen's Association Inc.

2. Principal Office Address 6565 North "W" St. Suite, Apt. #, etc. Suite 230 City & State Pensacola FL. Zip 32505 Country Escambia		3. Mailing Office Address 6565 North "W" St. Suite, Apt. #, etc. Suite 230 City & State Pensacola, FL. Zip 32505 Country Escambia	
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900022001012
01/22/04--01012--015 **\$03.75

4. Date Incorporated or Qualified To Do Business in Florida **07/23/1984**

5. FEI Number **592084268** 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
Steve McNair.

Street Address (P.O. Box Number is Not Acceptable)
6565 North "W" St.

Suite, Apt. #, Etc.
Suite 230

City
Pensacola State **FL** Zip Code **32505**

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.

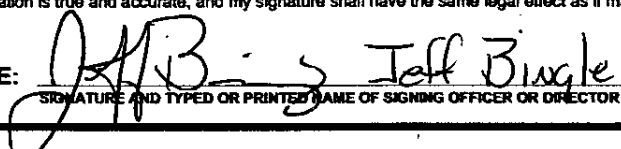
Signature of Registered Agent  Date **2-3-09**

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
CD	Steve McNair.	6565 North "W" St.	Pensacola, FL. 32505
1 st VCD	Regie Burkett	6565 North "W" St.	Pensacola, FL. 32505
2 nd VCD	Wayne McGlothlen	6565 North "W" St.	Pensacola, FL. 32505
STD	Jeff Bingle	6565 North "W" St.	Pensacola, FL. 32505
D	Harold Pool.	6565 North "W" St.	Pensacola, FL. 32505
D	Robert Stewart.	6565 North "W" St.	Pensacola, FL. 32505

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:  **Jeff Bingle** Date **11/21/03** Daytime Phone # **(850) 968-6856**

CR2E081 (10/02)