

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 26 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N07875

1. Corporation Name

FLORIDA FIREFIGHTERS INFORMATION AND EDUCATION NETWORK, INC.

Principal Place of Business

Mailing Address

~~4405 N INDIANHEAD RD~~
~~HERNANDO FL 34442~~
~~US~~

~~4405 N INDIANHEAD RD~~
~~HERNANDO FL 34442~~
~~US~~



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

02/27/1985

Suite, Apt. #, etc

1728 BONITA AVE

Suite, Apt. #, etc

SAME

City & State

ORLANDO, FLORIDA

City & State

SAME

Zip

32805

Country

USA

Zip

SAME

Country

USA

5. FEI Number

59-2741509

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	HOLMES, THEODORE O JEREIDS, ROY E.	4405 N INDIANHEAD RD 1728 BONITA AVE	HERNANDO FL 34442 ORLANDO, FLA 32805
S	BOOKER T PERRY	2040 ROGERS AVE	MAITLAND FL
D	ROCHEALS, RALPH	1610 NW 24TH TERRACE	FT LAUDERDALE FL 33311
B	BYRD, WALTER KELLY, MITCHELL	6807 SHELBY ROAD 1569 SACKETT ST	WEST PALM BEACH FL 33407 ORLANDO, 32818
D	BATTLES, ARTHUR	1569 POPPY AVENUE	ORLANDO FL 32811
VP	GREGORY BUSH	6851 15TH ST SOUTH	ST PETERSBURG FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~HOLMES, THEODORE O~~
~~4405 N INDIANHEAD RD~~
~~HERNANDO FL 34442~~

Name

ROY E. JEREIDS

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

1728 BONITA AVE

Suite, Apt. #, Etc.

City

ORLANDO, FLORIDA

State

FL

Zip Code

32805

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. or 617.0505, F.S.

Signature of Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

12/15/02

11. 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/15/02 407-841-1864

Daytime Phone #

CR2040 (8/02)