

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 JUL 16 PM 2:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N08974**

1. Corporation Name

**Smith Creek Volunteer Fire  
Department Inc.**

**REINSTATEMENT**

**06-10**

CR2E081 (6/10)

2. Principal Office Address - No P.O. Box #

**40 Easy St. S.**

3. Mailing Office Address

**same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Sopchoppy FL**

City & State

Zip

Country

**32358**

**USA**

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**4-29-1985**

5. FEI Number

**591836560**

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

**Charles Ingle**

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

**40 Easy St. S.**

Suite, Apt. #, Etc.

City

**Sopchoppy**

State

**FL**

Zip Code

**32358**

**600183367966  
07/16/10--01037--013 \*\*490.00**

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

**Charles Ingle**

Date **7-16-10**

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
Pres.	J.D. Harrell	1746 Smith Creek Rd.	Sopchoppy FL 32358
Dir.	Charles Ingle	40 Easy St. S.	Sopchoppy FL 32358
Dir.	Joseph E. Sellers	39 Easy St. N.	Sopchoppy FL 32358
Dir.	Linda Langston	345 Ted Langston Rd.	Sopchoppy FL 32358

10. E-mail Address: **ezchaz @ earthlink.net**

(To be used for future annual report notification)

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. I further certify, 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:

**Charles Ingle**

**7-16-10 926-7636**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #