

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JUL 21 11:50

SECRET
TALLAHASSEE

DOCUMENT # **N 09084**

1. Corporation Name

**CANOVA BEACH - SOUTH PATRICK SHORES
VOLUNTEER FIRE DEPARTMENT, INC.**

2. Principal Office Address

2602 NORTH A1A

3. Mailing Office Address

1006 Woodsmere PKWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NORTH INDIAN LANTIC, FL

City & State

ROCKLEDGE, FL

Zip

32903

Country

USA

Zip

32955

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4-1-1985

5. FEI Number

59-2508739

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

PAUL J. SLANSKY

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

1006 WOODSMERE PKWY

Suite, Apt. #, Etc.

City

ROCKLEDGE

State

FL

Zip Code

32955

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

PAUL SLANSKY

REGISTERED AGENT MUST SIGN

Date **3-3-05**

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
DP	ELLEN Edmund	2880 N. WICKHAM ⁴ 1061	MELOURNE, FL 32935
DV	Tim HOWZE	1001 Woodsmere PKWY	ROCKLEDGE, FL 32955
DST	PAUL SLANSKY	1006 Woodsmere PKWY	Rockledge, FL 32955
—	—	—	—
—	—	—	—
—	—	—	—

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL SLANSKY

Date

3-3-05

Daytime Phone #

(321) 863-6753

CR2E981 (01/05)

**Canova Beach – South Patrick Shores
Volunteer Fire Department, Inc.**



~~March 3rd, 2005~~

JULY 17th, 2005

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
(850) 245-6059

RE: Corporate Status, **Document # N09084**

Dear Sir / Madam,

Upon contacting your office today we were informed that "Admin Dissolution Notices" sent to us in 2003 were returned undeliverable. Having not received these notices we hereby request a waiver of reinstatement fees and have enclosed our application and payments for 2003, 2004, and 2005's Annual Reports. At \$61.25 per year plus \$8.75 for a Certificate of Status, we are enclosing a check payable to the "Department of State" for \$192.50. If additional funds are necessary to reinstate our corporation, please do not hesitate to respond to the mailing address shown above or call me personally at (321) 863-6753.

Sincerely,

Paul J. Slansky
Director (Secretary / Treasurer)

Attachments (1)

Cc: Tim Howze, Canova Beach – S. Patrick Shores VFD, Director (Vice President)
John Gore, Brevard County Fire Rescue, Volunteer Coordinator