

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N09688

1. Corporation Name

RURAL DISTRICT NO. 4 VOLUNTEER FIRE DEPARTMENT, INC.

2. Principal Office Address

9990 SW 63RD LN

3. Mailing Office Address

P.O. BOX 70

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CEDAR KEY, FL

City & State

CEDAR KEY, FL

Zip

32625

Country

US

Zip

32625

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida**

06/11/1985

5. FEI Number

59-0007171

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

CHRISTY THOMPSON

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

6350 SW 95TH AVE

Suite, Apt. #, Etc.

City

CEDAR KEY

State

FL

Zip Code

32625

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

see below

Date

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 |
|--------|--------------------------------------|---|---------------------|
| VP | WILKERSON, GERALD | SW 103RD TERR | CEDAR KEY, FL 32625 |
| D | HATHCOX, JOE | SHILOH ROAD | CEDAR KEY, FL 32625 |
| P | THOMPSON, CHRISTY | 6350 SW 95TH AVE | CEDAR KEY, FL 32625 |
| D | MERCER, NATHAN | 6491 SW SR 24 | CEDAR KEY, FL 32625 |
| D | SQUIRES, JOHNNIE T. | 7491 SW 122ND TERRACE | CEDAR KEY, FL 32625 |
| | | | |

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:

Christy Thompson (President)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Christy Thompson

3-17-04 352-543-5725
Date Daytime Phone #

th

FILED

04 MAR 23 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT *03-SY*

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