

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 MAR 20 PM 12:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA


400119103184  
02/29/08--01007--025 \*\*629.75

REINSTATEMENT

98-08

CR2E081-(1/07)

**CORPORATION REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N14424

1. Corporation Name

Ashville Area Volunteer Fire Department, Inc.

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

Box 100-A

3. Mailing Office Address

P. O. Box 301

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Greenville, FL

City & State

Monticello, FL

Zip  
32331

Country  
USA

Zip  
32345

Country  
USA

4. Date Incorporated or Qualified To Do Business in Florida

4/16/1986

5. FEI Number

592676085

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  
Michele Casabianca

Street Address (P.O. Box Number is Not Acceptable)  
344 E Duck Pond Dr

Suite, Apt. #, Etc.

City  
Greenville

State  
FL

Zip Code  
32331

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*Michele Casabianca*

REGISTERED AGENT MUST SIGN

Date

2/1/08

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
P	Krista Story	232 E Bearhollow Rd	Greenville, FL 32331
VP	Junior Tuten	718 Ashville Hwy	Monticello, FL 32344
S/T	Michele Casabianca	344 E Duck Pond Dr	Greenville, FL 32331

03/21/08--01003--029 \*\*61.25

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 contained in Chapter 119, 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:

*Krista Story*

Krista Story, President

2/1/08

Date

850-997-4706

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/08