


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N23244**

1. Corporation Name

**WAKULLA STATION VOLUNTEER FIRE DEPARTMENT, INC.**

Principal Place of Business

3083 SHADEVILLE HWY  
CRAWFORDVILLE FL 32327  
US

Mailing Address

3083 SHADEVILLE HWY  
CRAWFORDVILLE FL 32327  
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/30/1987

5. FEI Number

59-2859621

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	BOWMAN, BRAD Michael Obioy	57 ASPEN CT 14 Corken	CRAWFORDVILLE FL 32327
VP	SHYLOKFSKI, AL Creamer, Richard C.	83 WALDON RD 19 Razorback Rd.	CRAWFORDVILLE FL 32327
S	MCBEE, GINNY Perry, Patty	188 MARY ANN DR 120 S. Springwood Blvd.	CRAWFORDVILLE FL 32327
D	WICK, JIMMY Williams, Re'Dino	11011 SMITH CIRCLE 81 Autumn Woods Way	CRAWFORDVILLE FL 32327
T	NORRIS, LEALY AL SHYLOKFSKI	196 ROCK RD 83 WALDON RD.	CRAWFORDVILLE FL 32327
D	SHYLOKFSKI, MICHAEL Gray, Eileen	3083 SHADEVILLE HWY 2421 Shadeville Rd.	CRAWFORDVILLE FL 32327

8. Name and Address of Current Registered Agent

SHYLOKFSKI, AL  
73 WALDEN ROAD  
CRAWFORDVILLE FL 32327

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/23/01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

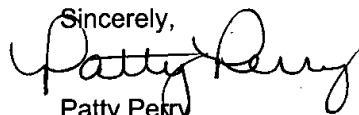
WAKULLA STATION VOLUNTEER FIRE DEPARTMENT, INC.  
3083 SHADEVILLE HIGHWAY  
CRAWFORDVILLE, FLORIDA 32327

November 24, 2001

Division of Corporations,  
Annual Report/Uniform Business Report Section  
P.O. Box 6327  
Tallahassee, Florida 32314

To Whom It May Concern:

Please find enclosed Wakulla Station Volunteer Fire Department, Inc. Application for Reinstatement along with a check in the amount of \$61.25. We did not receive the original uniform business report. Please grant a fee waiver for the \$400.00 late fee due to us not receiving the original report.

Sincerely,  
  
Patty Perry  
Secretary

/pap