

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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10 JUL 28 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700183755047
07/28/10--01025--004 **358.75

REINSTATEMENT 08-10
CR2E081 (6/10)

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N23244

1. Corporation Name

Wakulla Station Volunteer Fire Department Inc.

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

3083 Shadeville Rd

Suite, Apt. #, etc.

3. Mailing Office Address

3083 Shadeville Rd

Suite, Apt. #, etc.

City & State

Crawfordville, Florida

City & State

Crawfordville, Florida

Zip

32327

Country

USA

Zip

32327

Country

USA

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. Name and Address of Current Registered Agent

Name

Linda Voyles

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

2758 Shadeville Rd

Suite, Apt. #, Etc.

City

Crawfordville

State

FL

Zip Code

32327

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

Linda A. Voyles

REGISTERED AGENT MUST SIGN

Date **7/26/2010**

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 | James Voyles | 2758 Shadeville Rd | Crawfordville, FL 32327 |
| VP | Anthony Stephens | 3083 Shadeville Rd | Crawfordville, FL 32327 |
| S | Allison Wright | 3083 Shadeville Rd | Crawfordville, FL 32327 |
| T | Linda Voyles | 2758 Shadeville Rd | Crawfordville, FL 32327 |
| D | David Reeves | 3083 Shadeville Rd | Crawfordville, FL 32327 |
| D | Melissa Paul | 3083 Shadeville Rd | Crawfordville, FL 32327 |

10. E-mail Address: **lindavoyles80@gmail.com**

(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

Linda A. Voyles

Linda A. Voyles

7/26/2010

850-591-4675

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/28/10

| <u>Titles</u> | <u>Name</u> | <u>Address</u> | |
|---------------|-------------|--------------------|---------------------------|
| D | Scott Paul | 3083 Shadeville Rd | Crawfordville FL 32327 |

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