


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| | | |
|-------------------------------------|---|--|
| APPLICATION FOR REINSTATEMENT |  | FLORIDA DEPARTMENT OF STATE |
| | | Katherine Harris Secretary of State DIVISION OF CORPORATIONS |

DOCUMENT # **N24618**

1. Corporation Name

MYAKKA CITY FIREFIGHTERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

MYAKKA CITY FIRE STATION
10215 WACHULLA RD
MYAKKA CITY FL 34251
US

10215 WACHULLA RD
MYAKKA CITY FL 34251

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

02/01/1988

5. FEI Number

NOT APPLICABLE

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) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | |
|----------|-----------------------------------|--|----------------------|
| 1 | 2 | 3 | 4 |
| PD | PARRISH, ANNETTE | 10215 WACHULLA RD | MYAKKA CITY FL 34251 |
| VPD | BARTOSZEK, RICHARD | 10215 WACHULLA RD | MYAKKA CITY FL 34251 |
| TD | CACCGUITTU, DANIEL | 10215 WACHULLA RD | MYAKKA CITY FL 34251 |
| SD | CARVER, KAREN | 10215 WACHULLA RD | MYAKKA CITY FL 34251 |
| PD | BARTOSZEK, RICHARD | 10215 WACHULLA RD | MYAKKA CITY FL 34251 |
| VPD | PARRISH, LAMAR | 10215 WACHULLA RD | MYAKKA CITY FL 34251 |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PARRISH, ANNETTE
10215 WACHULLA RD
MYAKKA CITY FL 34251

Name
RICHARD BARTOSZEK
Street Address (P.O. Box Number is Not Acceptable)
10215 WACHULLA RD.
Suite, Apt. #, Etc.
M
City
MYAKKA CITY
State
FL
Zip Code
34251

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/24/01

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/01

Date

(941) 322-2292

Daytime Phone #