



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 MAR 20 PM 5:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N25856**

**1. Corporation Name**

**FORT MYERS FIRE FIGHTERS BENEVOLENT  
ASSOCIATION, INC**

500005255025--3

-04/11/02--01071--033

\*\*\*\*735.00 \*\*\*\*735.00

**2. Principal Office Address**

**2404 Dr. MLK Blvd.**

Suite, Apt. #, etc.

**City & State**

**Fort Myers, FL**

**Zip**

**33901**

**Country**

**USA**

**3. Mailing Office Address**

**2404 Dr. MLK Blvd.**

Suite, Apt. #, etc.

**City & State**

**Ft Myers, FL**

**Zip**

**33901**

**Country**

**USA**

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

**04/12/1988**

**5. FEI Number**

**59-2169797**

**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**

**JOSEPH S. WASHBURN**

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

**524 SW 21st Ln**

**Suite, Apt. #, Etc.**

**City**

**Cape Coral**

**State  
FL**

**Zip Code**

**33991**

**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**

*[Signature of Joseph S. Washburn]*

REGISTERED AGENT MUST SIGN

**Date** **1/25/02**

**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/D	Walter Stevens	141 S.E. 17th Terr.	Cape Coral / FL / 33990
V/D	Paul Phillips	20300 Meadowlane Rd.	N. Ft Myers FL 33917
S/D	GEORGE CAMARGO	601 S.E. 21st Ln	Cape Coral FL 33990
T/D	Joseph Washburn	524 SW 21st Ln	Cape Coral FL 33991

**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:**

*[Signature of Joseph S. Washburn]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Joseph S. Washburn 01/25/02 (941) 334-6222**

Date

Daytime Phone #

CR2E01 (9/01)