

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -4 PM 5:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N26069

1. Corporation Name

WEST PALM BEACH ASSOCIATION OF FIREFIGHTERS LOCAL 727, I.A.F.F., INC.

Principal Place of Business

Mailing Address

2801 TUXEDO ROAD
WEST PALM BEACH FL 33405
US

2801 TUXEDO ROAD
WEST PALM BEACH FL 33405
US



100008786691
11/04/02--01064--024 **61.25

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

4. Date Incorporated or Qualified
To Do Business in Florida

04/25/1988

5. FEI Number

59-1646732

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	ROBERTS, RICHARD R	6260 BOYD LANE	LANTANA FL 33462
T	MATTY, DIANA	848 NW 81ST AVE	PLANTATION FL 33324
VD	PLASMAN, HOWARD K III	241 N.E. 13TH ST	DELRAY BEACH FL 33444
S	BRAUNWORTH, BRENT	9408 LONGMEADOW CR.	BOYNTON BEACH FL
LVP	LAMB, STEPHEN B	2479 OKLAHOMA ST	WEST PALM BEACH FL 33406

8. Name and Address of Current Registered Agent

ROBERTS, RICHARD
6260 BOYD LANE
LANTANA FL 33462

9. Name and Address of New Registered Agent

Name DIANA MATTY

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

2801 TUXEDO AVE

Suite, Apt. #, Etc.

West Palm Beach

City

State

FL

Zip Code

33405

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
DIANA MATTY
REGISTERED AGENT MUST SIGN

Date

10/23/02

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]
HOWARD K PLASMAN III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/23/02

Daytime Phone #

CR2E040 (8/02)

IAFF Local 727
2801 Tuxedo Avenue
West Palm Beach, FL 33405
561-478-1466

October 23, 2002

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314-6327

We recently received the notice that our business has been dissolved. We did not receive any prior notice about this report. We are requesting to pay only the renewal fee since we were not aware this was due.

We apologize for the delay in filing but it was out of our hands. Thank you for your patience.

Sincerely,



Diana J. Matry
Treasurer