

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N26069

1. Corporation Name

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

Principal Place of Business

2801 TUXEDO ROAD
WEST PALM BEACH FL 33405
US

Mailing Address

2801 TUXEDO ROAD
WEST PALM BEACH FL 33405
US

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

2. New Principal Office Address, If Applicable

N/A

3. New Mailing Office Address, If Applicable

N/A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

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	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

11/04/02-01064-024 \$8.75

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

CR2E040 (8/02)

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


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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/02

Daytime Phone #

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

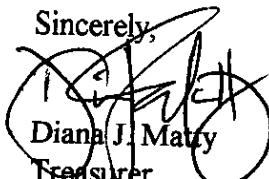
October 23, 2002

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. Matty
Treasurer