

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #N26069

1. Corporation Name

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

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

2801 TUKEBO ROAD

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

Zip

33405

Country

USA

3. Mailing Office Address

2801 TUXEDO ROAD

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

Zip

33405

Country

USA

7. Name and Address of Current Registered Agent

Name

THOMAS L. SHEPPARD

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

2801 TUXEDO ROAD

Suite, Apt. #, Etc.

City

WEST PALM BEACH

State

FL

Zip Code

33405

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

T. L. Sheppard

REGISTERED AGENT MUST SIGN

Date

1/11/10

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	THOMAS L. SHEPPARD	5560 TEAKWOOD ROAD 5560 TEAKWOOD ROAD	LAKE WORTH, FL 33467
VP	DAVID GRESSLER	422 S.W. WALKING PATH	STUART, EE 34997
VP	DOUG GREENE	3379 LAKEVILLE CIRCLE	WEST PALM BEACH, FL 33406
T	THOMAS WESOLEK	P.O. BOX 3225	WEST PALM BEACH, FL 33402
S	KAREN KONDENAR	17942 122ND DRIVE N.	JUPITER, FL 33478

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 contained in Chapter 119, 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:

T. A. Wesolek T. A. Wesolek

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/12/10 772-559-4023

Daytime Phone #

10 FEB 23 PM 4:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200170247512
02/23/10--01022--003 **70.00

REINSTATEMENT

04-10

4. Date Incorporated or Qualified
To Do Business in Florida

4/25/1988

5. FBI Number

59-1646732

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

CK # 2232 10 Feb '10