PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUL 21 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT 90-04

1. Corporation Name
GULF HAMMOCK VOLUNTEER FIRE DEPARTMENT, INC.

2. Principal Office Address	3. Mailing Office Address
Road 326	P. O. Box 313
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Gulf Hammock, FL	City & State: Gulf Hammock, FL
Zip: 32639 Country: USA	Zip: 32639 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida

5. FEI Number: 59-2898525 ☐ 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: HAROLD B. STEPHENS, ESQUIRE

Street Address (P.O. Box Number is Not Acceptable): 825 North Citrus Avenue

Suite, Apt. #, Etc.:

City: Crystal River State: FL Zip Code: 34428

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] REGISTERED AGENT MUST SIGN Date: July 16, 2004

CR2E038 (10/02)

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
Chief	James P. White, Jr.	6150 SE 32nd Court	Gulf Hammock, FL 32639
Treasurer	Wanda L. Stephens	6650 SE Hwy. 19	Gulf Hammock, FL 32639
Secretary	Michelle Ecker	5550 SE 26th Court	Gulf Hammock, FL 32639

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.

TREASURER, WANDA L. STEPHENS

SIGNATURE: [signature] 7/16/04 352-795-2088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #