

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 OCT 21 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N27634**

1. Corporation Name

TURNBULL VOLUNTEER FIREFIGHTERS ASSOCIATION INC.

Principal Place of Business

1850 PIONEER TRAIL
NEW SMYRNA BEACH FL 32168

Mailing Address

P.O. BOX 26
NEW SMYRNA BEACH FL 32168
US



REINSTATEMENT 03

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

4. Date Incorporated or Qualified
To Do Business in Florida

07/27/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

NOT APPLICABLE

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	DIAZ, RUBIN	1850 PIONEER TRAIL	N.S.B. FL 32168
VP	RIDGLEY, LOUANN	1850 PIONEER TRAIL	N.S.B. FL 32168
	CLANTON, JASON	1850 PIONEER TRAIL	N.S.B. FL 32168
SD	HARREL, CLAUDINE	1850 PIONEER TRAIL	N.S.B. FL 32168
Please See Attached.			

8. Name and Address of Current Registered Agent

CLANTON, JASON
223 N GLENCOE
NEW SMYRNA BEACH FL 32168

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Jason Clanton

REGISTERED AGENT MUST SIGN

Date 10-21-07

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:

Jason Clanton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Chex 1162 236.25
Dept State

ATTACHMENT B
Officers, Directors, Trustees, and Principal Salaried Executive Personnel

Please list officers, directors, trustees, and principal salaried executive personnel:

1. Name (last name first) : CLANTON, JASON Title: President
Home Address: POST OFFICE BOX 26 Daytime Phone: ~~904-499-8175~~ 386-
City, State, and Zip: NEW SMYRNA BEACH, FL 32168 Salaried (Y/N): N 423-2003
2. Name (last name first) : COLBURN, JEFFREY Title: Treasurer/Treasury
Home Address: POST OFFICE BOX 26 Daytime Phone: 386-423-2003
City, State, and Zip: NEW SMYRNA BEACH, FL 32170 Salaried (Y/N): N
3. Name (last name first) : MAHER, PATTY Title: Secretary
Home Address: P O BOX 26 Daytime Phone: 386-424-2929
City, State, and Zip: NEW SMYRNA BEACH, FL 32170 Salaried (Y/N): N
4. Name (last name first) : RIDGELY, LOUANN Title: Vice President
Home Address: POST OFFICE BOX 26 Daytime Phone: 386-424-2929
City, State, and Zip: NEW SMYRNA BEACH, FL 32168 Salaried (Y/N): N
5. Name (last name first) : _____ Title: _____
Home Address: _____ Daytime Phone: _____
City, State, and Zip: _____ Salaried (Y/N): _____
6. Name (last name first) : _____ Title: _____
Home Address: _____ Daytime Phone: _____
City, State, and Zip: _____ Salaried (Y/N): _____
7. Name (last name first) : _____ Title: _____
Home Address: _____ Daytime Phone: _____
City, State, and Zip: _____ Salaried (Y/N): _____