


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 Mailing Address

1850 PIONEER TRAIL
 NEW SMYRNA BEACH FL 32168

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

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



REINSTATEMENT 03

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/27/1988	
City & State		City & State		5. FEI Number	
Zip		Country		NOT APPLICABLE	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	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		9. Name and Address of New Registered Agent	
CLANTON, JASON 223 N GLENCOE NEW SMYRNA BEACH FL 32168		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State
		FL	

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* Date: 10-21-07

REGISTERED AGENT MUST SIGN

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* Date: 10-21-07 Daytime Phone #: Dept State 236.25

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CORPORATION (NON)

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