

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 FEB 26 PM 3:25

DOCUMENT # **N29608**

Corporation Name

THE CITY OF MIDWAY VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

Mailing Address

OLD SCHOOLHOUSE RD.
MIDWAY FL 32343

P.O. BOX 530
MIDWAY FL 32343



REINSTATEMENT 00-01

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

New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified To Do Business in Florida

12/07/1988

SP

HWY 90 AND CR268
Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2723706

Applied For

Not Applicable

City & State

City & State

MIDWAY, FL

Zip

Country
GADSDEN

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$3.75 Additional Fee required for a Certificate of Status

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

1. (Title)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
D	THOMAS, MORRIS	BRICKYARD RD	MIDWAY FL
ST	LEONARD BENNETT	ALABAMA, ST	TALL, FL
P	DEMITRE ANTHONY	BRICKYARD RD.	MIDWAY, FL
D	GREGORY E. GARDNER	MAPLE FOREST DR.	TALL, FL
O	SAMUEL BISSOO	TINNELL, RD	MIDWAY, FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LAWSON, CLYDE
JOYNER RD.
MIDWAY, FL

Name

THOMAS, MORRIS

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

BRICKYARD 300003810939--4
Suite, Apt. #, Etc.

City

MIDWAY

State

FL

Zip Code

32343

I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Thomas Morris
REGISTERED AGENT MUST SIGN

Date 2.22.01

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.

Leonard Bennett, City Manager
LEONARD BENNETT CITY MANAGER MIDWAY, FL (850) 574-2355

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2.22.01

Daytime Phone #