

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N31611**

1. Corporation Name

MONROE COUNTY FIRE CHIEFS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

8900 OVERSEAS HWY
MARATHON FL 33050
US

8900 OVERSEAS HWY
MARATHON FL 33050
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/10/1989

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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
<i>DP</i>	CASSEL, DAN	1427 BOCA CHICA RD	KEY WEST FL 33040
D	CORTNER, KEITH BENNY GONZALEZ	151 MARINE AVE	TAVERNIER FL 33070
D	MACLAREN, SANDY	122 SO LAYTON DR	LAYTON FL 33001
<i>PD</i>	PUTO, MICHAEL H SERGIO GARCIA	700 89 ST OCEAN 78 MARINA AVE.	MARATHON FL 33050 KEY LARGO, FL 33037
D	WAGNER, WM. A. III	284 ORANGE AVE 30 S. ANDROS Rd.	MARATHON FL 33050 KEY LARGO, FL 33037
D	BOWDEN, MIKE	273 WENETIAN WAY	SUMMERLAND KEY FL 33042

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WAGNER, WILLIAM A. III
8900 OVERSEAS HWY
MARATHON FL 33050

Name

WAGNER, Wm A. III

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

81850 OVERSEAS Hwy

Suite, Apt. #, Etc.

City

ISLAMORADA

State

FL

Zip Code

33036

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:

[Signature]
REGISTERED AGENT MUST SIGN

Date

12/9/03

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/9/03

Daytime Phone #