

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N 40282 ~~W 97-20488~~

1. Corporation Name

KEY BISCAVON VOLUNTARY FIRE DEPARTMENT, INC.

Principal Place of Business

Mailing Address

128 W. MASHYA DR.
KEY BISCAVON, FL 33149

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

5. FEI Number

APPLICATION FILED

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PRES	CHARLES C. BRASIS	128 W. MASHYA DR	KEY BISCAVON, FL 33149
V.P.	GRANT H. DANKINE	442 FERNWOOD RD	SAME
SECRET	JANET A. WASHBURN	285 SUNKISS DR - #22	SAME
PRES	TIMOTHY D'NEILL	745 FERNWOOD RD	SAME
DIR	JIM HANEY	472 GLENWIDE RD	SAME

* THE OFFICERS ARE DIRECTORS PER THE BYLAWS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STEVEN G. MOCARSKI, ESQUIRE
201 ALHAMBRA CIRCLE, S-1102
CORAL GABLES, FL 33134

Name

CHARLES C. BRASIS, CHIEF

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

128 W. MASHYA DR.

Suite, Apt. #, Etc.

300002317553-9

City

KEY BISCAVON, FL 33149

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.

Signature of Registered Agent

Charles C. Brasis

REGISTERED AGENT MUST SIGN

Date 8/13/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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:

Charles C. Brasis, President KBVD 8/13/97 305-556-0278
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CHARLES C. BRASIS