

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**  
01 APR -9 PM 2:29  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # 1046302

1. Corporation Name

Bradenton Beach Volunteer  
Fire Department, Inc.

800003972848--2  
-04/09/01--01115--001  
\*\*\*1146.00 \*\*\*\*535.00

2. Principal Office Address

P.O. Box 1003

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1003

Suite, Apt. #, etc.

City & State

Holmes Beach, Fl.

Zip

34217

Country

US

City & State

Holmes Beach, Fl.

Zip

34217

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida.

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status.

**7. Name and Address of Current Registered Agent**

Name

Lonzo Susan

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

2311 Ave C

Suite, Apt. #, Etc.

**REINSTATEMENT** 93-01

City

Bradenton Beach

State

FL

Zip Code

34217

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Susan Lonzo Susan Lonzo

REGISTERED AGENT MUST SIGN

Date 11/30/00

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DIP	Paloski, Mark	769 St Jude Dr.	Longboat Key, Fl. 34228
DV	Losek, Richard	5209 35 <sup>th</sup> Ave W	Bradenton, Fl. 34209
DS	Reed, Pamela	2816 42 <sup>nd</sup> St E	Bradenton, Fl. 34208
DT	Lonzo, Susan	2311 Ave C	Bradenton Beach, Fl. 34217

10. 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:

Susan Lonzo Susan Lonzo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/30/00

Daytime Phone #

941 - 778-7687

CR2081 (9/99)