

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

APPROVED
AND
FILED

97 DEC -1 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N50710

1. Corporation Name

SEVILLE VOLUNTEER FIREFIGHTER'S ASSOCIATION, INC.

Principal Place of Business

1580 NORTH HWY 17
SEVILLE FL 32190
US

Mailing Address

1580 NORTH HIGHWAY 17
SEVILLE FL 32190

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

09/04/1992

5. FEI Number

59-3151572

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	HAYNES, ELIZABETH	1580 N. HIGHWAY 17	SEVILLE FL 32190
VD	PIERS, ANN	2389 BROWNLEE ROAD	SEVILLE FL 32190
SD	WHITE, PAMELA FORD, DEBBIE	1580 N. HWY. 17 494 Lake George Rd.	SEVILLE FL 32190
TD	NORTON, DEBBIE	2220 MCBRIDE RD.	SEVILLE FL 32190
			900002362939--8 -12/04/97--01068--018 ****236.25 ****236.25
			11/21/97

8. Name and Address of Current Registered Agent

HAYNES, ELIZABETH
1580 NORTH HIGHWAY 17
SEVILLE FL 32190

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Elizabeth Haynes

REGISTERED AGENT MUST SIGN

Date

11-5-97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

Elizabeth Haynes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-5-97 (904) 779-9210

Date

Daytime Phone #

CR2040 (9/97)