

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 FEB 24 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N50778

1. Corporation Name

Citrus County Firefighters' Association, Inc.

Principal Place of Business

Mailing Address

5500 E. Bella Lane -- P.O. Box 1272-
Inverness, FL 34450 - Crystal River, FL 34423-1272

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

4. Date Incorporated or Qualified
To Do Business in Florida

9/10/92

10095 S. York Way
Suite, Apt. #, etc.

P.O. Box 372
Suite, Apt. #, etc.

5. FEI Number

Applied For

59-3157021

Not Applicable

City & State

City & State

Homosassa, FL
Zip Country

Hernando, FL 34442-0372
Zip Country

CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

34448 Citrus

34442-0372 Citrus

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
P	David K. Strickland	10095 S. York Way	Homosassa, FL 34448
V	Mike Eberhardt	3947 E. Allendale Street	Inverness, FL 34450
S/T	Rick Hocking	5656 Tangelo Lane	Inverness, FL 34450
D	Ted Lawson	1240 N. Lajolla Point	Crystal River, FL 34429
D	L. J. White	3519 N. Holiday Drive	Crystal River, FL 34428
D	Shelley Armstrong	1600 Tuttle Street	Inverness, FL 34452

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Jerry Marinelli
5500 E. Bella Lane
Inverness, FL 34450

Name
Darryl W. Johnston
Street Address (P.O. Box Number Is Not Acceptable)
29 South Brooksville Avenue
Suite, Apt. #, Etc.
800002098878--0
City
Brooksville
-02/26/97-01092-008
****420JBL *34420.00

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 2/14/97

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.

REINSTATEMENT

94-972a. Alan
352/596-4000 2/24/97

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Strickland, President

Date

Daytime Phone #

CR2E040 (12/96)