
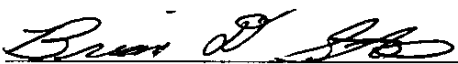
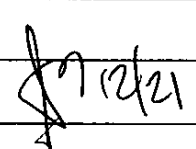
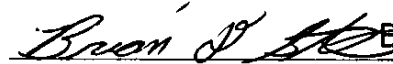


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<div style="display: flex; align-items: center; justify-content: center;"><div style="text-align: center;">CORPORATION REINSTATEMENT</div><div style="margin: 0 10px;"></div><div style="text-align: center;">FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</div></div>		FILED 06 DEC 21 PM 4:44 CLERK OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # N93000000025 <small>1. Corporation Name</small> SCOTTSMOOR VOLUNTEER FIRE RESCUE, INC.			
<small>2. Principal Office Address</small> 3724 MAGOON AVE.		<small>3. Mailing Office Address</small> 4940 SR 46	
<small>Suite, Apt. #, etc.</small>		<small>Suite, Apt. #, etc.</small>	
<small>City & State</small> SCOTTSMOOR FL		<small>City & State</small> MIMS FL	
<small>Zip</small> 32775	<small>Country</small> US	<small>Zip</small> 32754	<small>Country</small> US
		<small>4. Date Incorporated or Qualified To Do Business in Florida</small> 12/30/1992	
		<small>5. FEI Number</small> 59-3161008	<small>Applied For</small> <input type="checkbox"/> <small>Not Applicable</small>
		<small>6. CERTIFICATE OF STATUS DESIRED</small> <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
<small>Name</small> BRIAN D STEVENS			
<small>Street Address (P.O. Box Number is Not Acceptable)</small> 4940 SR 46			
<small>Suite, Apt. #, Etc.</small>			
<small>City</small> MIMS		<small>State</small> FL	<small>Zip Code</small> 32754
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.			
<small>Signature of Registered Agent</small> 		<small>Date</small> 12/16/2006	
<small>REGISTERED AGENT MUST SIGN</small>			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
<small>Titles</small>	<small>Name of Officers and/or Directors</small>	<small>Street Address of Each Officer and/or Director</small>	<small>City / State / Zip</small>
D	STEVENS, BRIAN	4940 SR 46	MIMS FL 32754
D	HASERT, JUSTIN	2085 Parrish Rd.	TITUSVILLE FL 32796
D	BORTLE, GEORGE	3455 AURANTIA RD	MIMS FL 32754
<div style="display: flex; justify-content: space-between;"><div></div><div>500082707415 12/21/06--01029--003 **297.50</div></div>			
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 contained in Chapter 119, 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: 		BRIAN D STEVENS	12/16/2006
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small> (321) 302-8064