

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY 16 AM 9:03

DOCUMENT # **N 93 000 000 061**

1. Corporation Name

STAGECOACH VOLUNTEER FIRE DEPARTMENT, INC.

2. Principal Office Address

3. Mailing Office Address

10577 52 TER.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LIVE OAK, FL.

City & State

LIVE OAK, FL.

Zip

32060

Country

SUWANNEE

Zip

32060-8405

Country

SUWANNEE

4. Date Incorporated or Qualified
To Do Business in Florida

1/6/93

5. FEI Number

59-3161833

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

TIM SWEET

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

2616 CR 795

Suite, Apt. #, Etc.

City

LIVE OAK

State
FL

Zip Code

32060

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

Timothy G Sweet

REGISTERED AGENT MUST SIGN

Date **4-16-01**

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
D PRES	McCOLLISTER, ED	14591 CR 132	LIVE OAK, FL 32060
D V.P.	RYE, Tommy	10542 24 ST	LIVE OAK, FL 32060
D SEC.	SIVYER, DON	10577 52 TER	LIVE OAK, FL 32060
D CHIEF	SWEET, TIM	2616 CR 795	LIVE OAK, FL 32060

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:

Timothy G Sweet - TIMOTHY G. SWEET

Date

4-16-01

Daytime Phone #

386-362-4406