

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 MAY 12 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000000387

1. Corporation Name

Holmes County Volunteer Firefighters Association
INCORPORATED

2. Principal Office Address - No P.O. Box #

Suite, Apt. #, etc.
2523 W Pine ST.

City & State
Westville, FL

Zip Country
32464 Holmes

3. Mailing Office Address

Holmes County Volunteer
Firefighters Association

Suite, Apt. #, etc.
PO Box 1

City & State
Poncha Springs FL

Zip Country
32455 Holmes

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

5. FEI Number

593472194

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
Johnny Locke

Street Address (P.O. Box Number is Not Acceptable)
1926 Hwy 90

Suite, Apt. #, Etc.

City
Westville

State
FL

Zip Code
32464

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Johnny Locke SR.

REGISTERED AGENT MUST SIGN

Date 5-6-09

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
Pres.	Landis Messer	2324 Idlewood Drive	Bonifay, FL 32425
V. Pres.	Shay McCormick	301 North Harvey Etheridge St	Bonifay, FL 32425
Sec.	Josh Jackson	2615 Gardenia Dr	Westville FL 32464
Treas.	Johnny Locke	1926 Hwy 90	Westville FL 32464
member at Large	Dewey CRUTCHFIELD	1553 Hwy 179	Bonifay FL 32425

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: *Johnny Locke* *Johnny Locke*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-6-09

Date

850 548-5117

Daytime Phone #

514