

# **2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N94000001931

**FILED**  
**Nov 01, 2010**  
**Secretary of State**

**Entity Name:** SEMINOLE COUNTY PROFESSIONAL FIREFIGHTERS, INC.

**Current Principal Place of Business:**

4005 N. ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32804

**New Principal Place of Business:**

4005 N. ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32804 US

**Current Mailing Address:**

4005 N. ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32804

**New Mailing Address:**

PO BOX 952648  
LAKE MARY, FL 32795 US

**FEI Number:** 59-2994895

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HICKMAN, TIM  
4005 N. ORANGE BLOSSOM TR.  
ORLANDO, FL 32804 US

**Name and Address of New Registered Agent:**

WILLIAMS, DAVID  
1071 PARNELL COURT  
DELTONA, FL 32738 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DAVID WILLIAMS

11/01/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: GRENZ, TIM  
Address: 132 LAKE CRESCENT DRIVE  
City-St-Zip: CHULUOTA, FL 32766

Title: VP  
Name: KINLEY, MATT  
Address: 2753 TEAK PL  
City-St-Zip: LAKE MARY, FL 32746

Title: S/T  
Name: WILLIAMS, DAVID  
Address: 1071 PARNELL COURT  
City-St-Zip: DELTONA, FL 32738

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVID WILLIAMS

S/T

11/01/2010

Electronic Signature of Signing Officer or Director

Date