

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR <i>98/99</i> REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>N94000002170</b>			
1. Corporation Name <b>WEST SIDE FIRE DEPARTMENT INC.</b>			
Principal Place of Business <b>407 67TH ST W BRADENTON FL 34209</b>		Mailing Address <b>407 67TH ST W BRADENTON FL 34209</b>	
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	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>6001 MARINA DR.</b>	
City & State		City & State <b>HOLMES BCH, FL</b>	
Zip		Zip <b>34217</b>	
Country		Country <b>USA.</b>	
4. Date Incorporated or Qualified To Do Business in Florida		04/28/1994	
5. FEI Number		65-0534648	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1	2	3	4
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
SD	<del>BECK, GLEN</del> JOHN K. INGOLD	5711 2ND AVE DRIVE NW 1149 EDGEWATER CIR	BRADENTON FL 34209
VO	<del>HAAS, TIM</del> DENNIS SCHNACK	407 67TH ST W 926 82ND ST. N.W.	BRADENTON FL 34209
TD	<del>MAGRO, SALVATORE</del> CHRISTY HAYMORE	6612 1 AVE WEST 507 59TH AVE DR W.	BRADENTON FL 34209
PD	<del>BECHT, BOB</del> CHARLES WILSON	407 67TH ST W 2700 50TH AVE W.	BRADENTON FL 34209
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8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
MAGRO, SALVATORE C 6612 1 AVE WEST BRADENTON FL 34209		Name JOHN K. INGOLD Street Address (P.O. Box Number is Not Acceptable) 1149 EDGEWATER CIR Suite, Apt. #, Etc. City BRADENTON State FL Zip Code 34209	
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 <i>John K. Ingold</i> Date: 4-7-99 REGISTERED AGENT MUST SIGN			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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.			
SIGNATURE: <i>John K. Ingold</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JOHN K. INGOLD		4-7-99 941-741-3900 Date Daytime Phone #	

FILED

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SEAL OF THE STATE  
TALLAHASSEE, FLORIDA



CR2E040 (9/98)