

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

02 AUG 30 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N94000002194

1. Corporation Name

Darlington Volunteer Fire Department, INC.

2. Principal Office Address

5239 State Hwy 2 East
Suite, Apt. #, etc.

3. Mailing Office Address

5239 State Hwy 2 East
Suite, Apt. #, etc.

City & State

Westville FL

City & State

Westville FL

Zip

32464

Country

Walton

Zip

32464

Country

Walton

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

1989 ?

5. FEI Number

061397056

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

Rosemary R. Prokop

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

807 W. Hwy 181

Suite, Apt. #, Etc.

NA

City

Defuniak Springs

State

FL

Zip Code

32433

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

Rosemary R. Prokop
REGISTERED AGENT MUST SIGN

Date 8-27-02

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
P/D	Jerry Nelson	341 Cook Rd	Westville FL 32464
S/D	Rosemary Prokop	807 W. Hwy 181	Defuniak Springs FL 32433
V/P/D	Bobby Collinsworth	56 Burgess Trail	Defuniak Springs FL 32433

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

Rosemary R. Prokop

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rosemary R. Prokop

8-27-02

Date

850-834-3333

Daytime Phone #

CR2E081 (9/01)

DARLINGTON VOLUNTEER FIRE DEPARTMENT
5239 STATE HIGHWAY 2 EAST
WESTVILLE FL
AUGUST 27, 2002

Dear Sir,

During the years of 1997 and 1998 the Darlington Volunteer Fire Department experienced several changes in personnel and leadership. During that course of change over the person responsible for handling the business side of the department also left. None of the new officers were aware that they needed to contact the FL Division of Corporations with a new address and new Registered Agent for the department. We are assuming that any correspondence for our department would have gone to the previous Registered Agents address since it was not received at our fire department address. Due to the non receipt of information for filing an annual report none has been submitted since 1999 which has led to our corporate license to expire. We were unaware of this until recently when the county became aware of the situation and notified us.

I have completed the Corporate Reinstate form, which you will find attached. Please notify me if there is any other information that you need to complete the reinstatement. Thank you for your attention to this matter.

Sincerely,

A handwritten signature in cursive script that reads "Rosemary R. Prokop".

Rosemary R. Prokop
Secretary
Darlington Volunteer Fire Department