

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

96 NOV 29 PM 2:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000003269**

1. Corporation Name

**ASTATULA FIRE/RESCUE INC.**

Principal Place of Business

25029 KIRKWOOD AVE.  
ASTATULA FL

Mailing Address

P.O. BOX 185  
ASTATULA FL 34705



500002019725--2

-12/04/96--01097--011

\*\*\*236.25 \*\*\*236.25

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/27/1994	
City & State		City & State		5. FEI Number <b>59-3280546</b>	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	POWELL, WILLIAM	24649 COUNTY RD. 581	ASTATULA FL 34705
D V	FRANK, ED	25847 COUNTRY RD. 581	ASTATULA FL 34705
D	<del>BATER, DOUGLAS</del>	<del>25848 PATRICIA PLACE</del>	<del>ASTATULA FL 34705</del>
P	William Harrison	25045 Jefferson St	Astatula FL 34705
S	James Tillis	15404 J. Carolina Ave	Astatula FL 34705
T	Joyia Harrison	PO Box 2/25/46 CR 581	Astatula FL 34705

8. Name and Address of Current Registered Agent

ELLRODT, JAMES D  
25019 COUNTY RD. 581  
ASTATULA FL 34705

9. Name and Address of New Registered Agent

Name	1996
Street Address (P.O. Box Number is Not Accepted)	
Suite, Apt. #, Etc.	
City	FL
State	Zip

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

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date **11-17-96**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/7/96** 407-830-1999  
Date Daytime Phone #