


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JAN -3 AM 9:15

DOCUMENT # 09400000359A

1. Corporation Name

Port Richey Volunteer Fire Fighters
Inc

2. Principal Office Address

7821 Grand Blvd

Suite, Apt. #, etc.

N/A

City & State

Port Richey FL

Zip

34668

Country

3. Mailing Office Address

7821 Grand Blvd

Suite, Apt. #, etc.

N/A

City & State

Port Richey FL

Zip

34668

Country

300062374883
12/23/05--01040--005 \$420.00

REINSTATEMENT 03-06
0922081 (8/05)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

39-3272004

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

Bob Gorton

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

7821 Grand Blvd

Suite, Apt. #, Etc.

City

Port Richey

State

FL

Zip Code

34668

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12-20-05

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
President	Thomas J. Quinn Jr	7821 Grand Blvd	Port Richey FL 34668
Vice President	David M. Wood	7821 Grand Blvd	Port Richey FL 34668
S	Paul Bosco	7821 Grand Blvd	Port Richey FL 34668
T	Bruce J. Wencusky	7821 Grand Blvd	Port Richey FL 34668

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-20-05

Date

Daytime Phone #

727-816-1910

1/3 a