PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

R EIN	RPORATI ISTATEM 7 Anny	ENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS				2007 S		AM 10: 36		
DOCUMENT # N9400004590 1. Corporation Name PLEASANT GROVE FIRE DEPARTMENT, INC.									TALL	AHASSE	OF STATE E.FLORIDA	
								400109951534 03/26/0701031013 **61.25				
_					Office Address GULF BEACH HWY				CR2	E081 (1/07)		
Suite, Apt. #, etc. Suite, Apt. #,					etc.			Date Incorporated or Qualified To Do Business in Florida 09/14/94				
				City & State PENSA	ty & State PENSACOLA, FL			5. FEI Numbe				
Zip 3250	Zip 32507		ESCAMBIA Zip 32507			Country ESCAMBIA 6.			TE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent									, ,,			
Name BRIAN KRAATZ Street Address (P.O. Box Number is Not Acceptable)							The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement					
2486 REDOUBT AVENUE Suite, Apt. #, Etc.												
City PENSACOLA					State Zip Code FL 32507			waived.				
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obl Signature of Registered Agent REGISTERED AGENT MUST SIGN									bligations of section 607.0505 or 617.0503, F.S. Date 9-21-07			
9. Names	and Street Ac	Idresses of	Each Officer and	/or Director (Fla	orida nonprof	it corpor	ations must list at le	east 3 directors)				
Titles	Name of Officers and/or Directors				Street Address of Each Officer and/or Director				City / State / Zip			
P	BRIAN KRAATZ				2486 REDOUBT AVE			PENSACO	OLA, FL	32507		
V	DAVID SCHMITTOU				116 CARRIER DRIVE			PENSACO	LA, FL	32506		
S/T	KATIE WYATT				1654 ROOK DRIVE			PENSACO	LA, FL	32506		
D	SCOTT NICKSON				4007 SHOREWOOD DRIVE			PENSACOL	A, FL	32507		
D	KIRSTEN MATTHEWS				7742 GUBDY STREET			PENSACOL	A, FL	32507		
D EMMANUEL BARNES					712 BUCKSAW DRIVE			PENSACOL	A, FL	32506		
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 contained in Chapter 119, 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: A SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Days Phone #												

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