

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E081 (1/07)

CORPORATION REINSTATEMENT
2007 Annual Report



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000004590**

1. Corporation Name
PLEASANT GROVE FIRE DEPARTMENT, INC.

2. Principal Office Address - No P.O. Box # 9350 GULF BEACH HWY		3. Mailing Office Address 9350 GULF BEACH HWY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PENSACOLA, FL		City & State PENSACOLA, FL	
Zip 32507	Country ESCAMBIA	Zip 32507	Country ESCAMBIA

4. Date Incorporated or Qualified To Do Business in Florida **09/14/94**

5. FEI Number **59-3280587** 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 **BRIAN KRAATZ**

Street Address (P.O. Box Number is Not Acceptable)
2486 REDOUBT AVENUE

Suite, Apt. #, Etc.

City **PENSACOLA** State **FL** Zip Code **32507**

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 fee be waived.

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 *Brian Kraatz* Date 9-21-07

REGISTERED AGENT MUST SIGN

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	BRIAN KRAATZ	2486 REDOUBT AVE	PENSACOLA, FL 32507
V	DAVID SCHMITTOU	116 CARRIER DRIVE	PENSACOLA, FL 32506
S/T	KATIE WYATT	1654 ROOK DRIVE	PENSACOLA, FL 32506
D	SCOTT NICKSON	4007 SHOREWOOD DRIVE	PENSACOLA, FL 32507
D	KIRSTEN MATTHEWS	7742 GUBDY STREET	PENSACOLA, FL 32507
D	EMMANUEL BARNES	712 BUCKSAW DRIVE	PENSACOLA, 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: *Katie Wyatt* **Katie Wyatt** Date 9/21/07 (850)455-8866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

10/1/07