

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -8 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000005372**

1. Corporation Name

THE HIGHLANDS VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

4333 S. LITTLE AL PT
INVERNESS FL 34452
US

Mailing Address

4333 S. LITTLE AL PT
INVERNESS FL 34452
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/24/1994

5. FEI Number

59-3274953

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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	4 City / State / Zip
P	CALANDRA, MICHAEL	912 E. HARVARD ST	INVERNESS FL 34452
V	VEHRICHOFF, NICK	3553 S. DALTON TERR	INVERNESS FL 34452
T	HAUFLER, CHAD	4791 E. STALLION	INVERNESS FL 34452
T	JENSEN, DOUG	6387 E. ANNAJO DR	INVERNESS FL 34452
T	THOMAS, DAVID	6146 E. SENECAST	INVERNESS FL 34452
100008885511 11/08/02--01019--009 **236.25			

8. Name and Address of Current Registered Agent

CALANDRA, MICHAEL
4333 S. LITTLE AL PT
INVERNESS FL 34452

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
Michael Calandra

REGISTERED AGENT MUST SIGN

Date *October 28, 2002*

11. 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
Michael Calandra

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

October 28, 2002

Daytime Phone #

(852)

8601746

CR2E040 (802)