

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N94000005372 1. Entity Name THE HIGHLANDS VOLUNTEER FIRE DEPARTMENT, INC.						FILED 04 NOV 17 AM 8:47 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 4333 S. LITTLE AL PT INVERNESS, FL 34452 US				Mailing Address 4333 S. LITTLE AL PT INVERNESS, FL 34452 US			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 912 E. HARVARD ST				REINSTATEMENT 2004	
City & State Inverness FL		City & State Inverness FL		4. FEI Number 59-3274953		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 34452		Country USA		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CALANDRA, MICHAEL 4333 S. LITTLE AL PT INVERNESS, FL 34452				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE <u>Michael Calandra</u> <u>Michael Calandra</u> 10/28/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$61.25 After January 1, 2005, Fee will be \$122.50				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CALANDRA, MICHAEL 912 E. HARVARD ST INVERNESS, FL 34452 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DITTEMER, CHARLES 4089 S INVAIVHOE TERR INVERNESS, FL 34452 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBERTS, FRANKLIN M 9358 TIMBERLINE TERR INVERNESS, FL 34452 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JENSEN, DOUG 6387 E. ANNAJO DR INVERNESS, FL 34452 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THOMAS, DAVID 6146 E. SENECAST INVERNESS, FL 34452 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u>Michael Calandra</u> <u>Michael Calandra</u> OCT 29 2004 (352) 586-7170 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							