

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

00 OCT 18 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N95000003441**

1. Corporation Name

NORTHEAST FLORIDA FIRE PREVENTION ASSOCIATION, INC.

Principal Place of Business

Mailing Address

9000 REGENCY SQUARE BLVD.
JACKSONVILLE FL 32211

9000 REGENCY SQUARE BLVD.
JACKSONVILLE FL 32211



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

07/20/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3419233

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	ROBERTSON, J.C.	9000 REGENCY SQUARE BLVD., SUITE	JACKSONVILLE FL 32211
VD	HARDEE, BETH	11655 N.W. GAINESVILLE RD.	OCALA FL 34482
STD	LEPICK, JAMES W	9000 REGENCY SQUARE BLVD.	JACKSONVILLE FL 32211
D	TROUTMAN, GENE	7033 COMMONWEALTH AVENUE, SUITE	JACKSONVILLE FL 32220
D	ROBERTS, Z.K.	9000 REGENCY SQUARE BLVD.	JACKSONVILLE FL 32211
			300003447743--7 -11/01/00--01111--017 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

LEPICK, JAMES W
9000 REGENCY SQUARE BLVD.
SUITE G-3
JACKSONVILLE FL 32211

REINSTATEMENT 2000

Name and Address of New Registered Agent

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date 10-16-2000

REGISTERED AGENT MUST SIGN

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-16-2000

Date

Daytime Phone #

(904)
727-5566

CR2ED40 (8/00)