

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **N95000003441**

1. Corporation Name

**NORTHEAST FLORIDA FIRE PREVENTION ASSOCIATION,
INC.**

Principal Place of Business

9000 REGENCY SQUARE BLVD.
JACKSONVILLE FL 32211

Mailing Address

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

Suite, Apt. #, etc.

City & State

Zip

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

APPROVED
AND
FILED

00 OCT 18 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



4. Date Incorporated or Qualified
To Do Business in Florida

07/20/1995

5. FEI Number

59-3419233

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)

| 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 | JACSKONVILLE FL 32220 |
| D | ROBERTS, Z.K. | 9000 REGENCY SQUARE BLVD. | JACKSONVILLE FL 32211 3000003447743--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

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

Suite, Apt. #, Etc.

City

State

Zip Code

020240 (800)

10. I, being appointed the registered agent of the above-named corporation, am familiar with and accept the obligations of Section 607.0503, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **10-16-2000**

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