FLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING DAIDIFORM.									
i	RPORAT STATEM	15 15 15 15 15 15 15 15 15 15 15 15 15 1	S	Secretary	TMENT OF STATE y of State orporations		2006 SEP 29 AM 9: 23 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
DOCUMENT # ทุศร							TALL	ÀHÀSSEE.FLORID	Þ.
2. Principal Office Address 1312 North Daytona Ave. 3. Mailing O				ffice Addres	3 S	REIN	STA	CR2E081 (12/05)	01-0
Suite, Apt. #, etc.						4. Date Incorp	orated or	Qualified	
City & State Flagler Beach, FL City & State						To Do Business in Florida 07201995 5. FEI Number 59-3419233 Applied For Not Applicable			
^{Zip} 321	32136 Country US		Zip		Country	6. CERTIFICATE	OF STATU	S DESIRED \$8.75 Addition	nal Fee required
Name Michael Garrett Street Address (P.O. Box Number is Not Acceptable) 1312 North Daytona Ave. Suite, Apt. #, Etc. City Flagler Beach State FL 32136									
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 Michael L Carret Date 9/15/06 REGISTERED AGENT MUST SIGN								. <u></u>	
9. Names	and Street A	Addresses of Each Officer and	/or Director (Flo	rida nonpro	fit corporations must list at le	ast 3 directors)			
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director		City / State / Zip			
P/D	John Ray∩o			1312 North Daytona Ave.			Flagler Beach, FL		
VP/D	Mark Smith			1312 North Daytona Ave.			Flagler Beach, FL		
T/D	Mike Garrett			1312 North Daytona Ave.			Flagler Beach, FL		
S/D	ZK R	Roberts		1312 North Daytona Ave.			Flagler Beach, FL		
PIO/D	Donr	na Molinaro		1312 North Daytona Ave.			Flagler Beach, FL		
ŀ	900080688449 10/10/0601060008 **428 75								

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 filling 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.



CITY OF ORMOND BEACH

Building Division • 22 South Beach Street • Ormond Beach, FL 32174 (386) 676-3233 • Fax (386) 676-3361

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Reinstatement of Northeast Florida Fire Prevention Association, Inc.

Dear Sir or Madam:

I currently serve as the Treasurer of the Northeast Florida Fire Prevention Association, Inc. (the "Association"). At the time the Association's records were turned over to me, I discovered that the Association had been Administratively Dissolved in 2001 for failure to submit the Annual Report.

Unfortunately for the Association, the Registered Agent departed without notifying anyone that the Annual Report was due, nor did anyone else receive the paperwork, which resulted in the dissolution.

I respectfully request that you waive the reinstatement fees for the years 2001 through present. I am attaching a check in the amount of Four Hundred Twenty-eight Dollars and Seventy-five cents (\$428.75) to cover the Annual Report fees for 2001-2007.

Thank you in advance for your consideration. If you have questions or require additional information, please contact me directly. I have enclosed my business card for your convenience.

Sincerely,

Michael L. Garrett, Treasurer

White LO

Northeast Florida Fire Prevention Association, Inc.

encl.

Reinstatement Application Check in the amount of \$428.75 Copy of record

Minutes of the Association minutes