

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND
FILED

1996 SEP 23 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000005723

1. Corporation Name

MARION COUNTY FIRE CHIEF'S ASSOCIATION, INCORPORATED

Principal Place of Business

Mailing Address

3230 SOUTHEAST MARICAMP ROAD
C/O MARION COUNTY FIRE DEPARTMENT
OCALA FL 34471

3230 SOUTHEAST MARICAMP ROAD
C/O MARION COUNTY FIRE DEPARTMENT
OCALA FL 34471



500001976885-7
-10/16/96-01055-011

*****61.25 *****61.25

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

11/30/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ Applied For
☐ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
C	SIEBERT, JAMES R	4411 WEST STATE ROAD 318	ORANGE LAKE FL 32881
C	MOSLEY, ROB	17828 NORTHEAST 18TH AVENUE	CITRA FL 32113
ST	DATSON, TANIS	5380 NORTHWEST 191ST PLACE	ORANGE LAKE FL 32881
D	RODRIGUEZ, SAUL	2497 SOUTHWEST 158TH LANE ROAD	OCALA FL 34423
D	MCQUEEN, MARK	25150 NORTHEAST 131ST PLACE	SALT SPRINGS FL 32134
D	VOGEL, TONY	10962 SOUTHWEST 80TH COURT	OCALA FL 34481

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SIEBERT, JAMES R
4411 WEST STATE ROAD 318
ORANGE LAKE FL 32881

Name

James R Siebert

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

4411 W. St 318

Suite, Apt. #, Etc.

City

Orange Lake

State

FL

Zip Code

32681

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

James R Siebert

REGISTERED AGENT MUST SIGN

Date 9-19-96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

James R Siebert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-19-96 352-591-1807

Date

Daytime Phone #

CP2E040 (7/96)

48292

July 19-1996

To Whom it may concern:

The ANNUAL Report WAS MAILED to you ON July 14-1996. Check NO 105 For \$61.25 WAS ENCLUDED. Application For reinstatement AND Another Check For \$61.25 ARE ENCLUDED AS per instructions by phone on 9-19-96 I hope this clears this problem Also the First Request WAS NOT received.

JAMES E Siebert