

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 DEC -9 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N96000003089**

1. Corporation Name

PUNTA GORDA VOLUNTEER FIRE ASSOCIATION, INC.

Principal Place of Business

1410 TAMiami TRAIL
PUNTA GORDA FL 33950

Mailing Address

1410 TAMiami TRAIL
PUNTA GORDA FL 33950

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT

99

4. Date Incorporated or Qualified
To Do Business in Florida

06/10/1996

5. FEI Number

65-0748884

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
VPD	GREENWOOD, JEFF	25101 CROWN COURT	PUNTA GORDA FL 33950
VPD	HUTCHISON, BART	20184 SUSAN AVENUE	PORT CHARLOTTE FL 33952
VPD	LEWANDOWSKI, ROBERT	1450 KENSINGTON STREET	PORT CHARLOTTE FL 33952
VPD	TERESA BARONE	20322 HUBBARD AVE	PORT CHARLOTTE FL 33952
			400003078774--7
			-12/23/99--01006--014
			***236.25 ***236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~GREENWOOD, JEFF~~ BART HUTCHISON
1410 TAMiami TRAIL
PUNTA GORDA FL 33950

Name

BART HUTCHISON

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

20184 SUSAN AVENUE

Suite, Apt. #, Etc.

City

PORT CHARLOTTE

State

FL

Zip Code

33952

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

Bart Hutchison

REGISTERED AGENT MUST SIGN

Date

11/22/99

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:

Bart Hutchison
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/22/99
Date

KE
575-5529
Daytime Phone #

CR2000 (8/99)