


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT


DOCUMENT # N98000005351 1. Entity Name ISLAMORADA FIREFIGHTERS' BENEVOLENT ASSOCIATION, INC.	
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FILED
07 OCT -5 PM 1:35
TALLAHASSEE, FLORIDA

Principal Place of Business 81850 OVERSEAS HIGHWAY ISLAMORADA, FL 33036	Mailing Address 81850 OVERSEAS HIGHWAY ISLAMORADA, FL 33036 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip Country	City & State Zip Country
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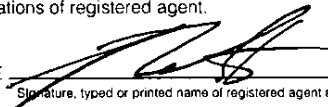


REINSTATEMENT
09212007 REIN INP. 09212007 (1/07) 07

4. FEI Number 65-0926776	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent TAYLOR, GLENN T SR. 75055 OVERSEAS HWY ISLAMORADA, FL 33036	7. Name and Address of New Registered Agent Name <u>Geo Toth</u> Street Address (P.O. Box Number is Not Acceptable) <u>126 So. Bay Harbor Dr</u> City <u>Key Largo</u> FL Zip Code <u>33037</u>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  Geo Toth 10/3/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$61.25 After January 1, 2008, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAYLOR, GLENN SR 75055 OVERSEA ISLAMORADA, FL 33036 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOCHRANE, MIKE PO BOX 321 ISLAMORADA, FL 33036 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR MASON, WALTER 120 SOUTH HAMMOCK RD ISLAMORADA, FL 33036 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BURKEL, VIRGINIA 222 CORAL RD ISLAMORADA, FL 33036 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Ph 10/8</u> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Geo Toth Pres</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>Geo Toth</u> <u>126 S. Bay Harbor Dr</u> <u>Key Largo FL 33037</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Dave Roberts V. Pres.</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>Dave Roberts</u> <u>111 Pueblo St</u> <u>Tavernier FL 33070</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Treas.</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition <u>Walter Mason</u> <u>126 S. Hammock Rd</u> <u>Islamorada FL 33036</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Sec.</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>Kyle Burkell</u> <u>246 Cubz Rd</u> <u>Tavernier FL 33070</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <u>500110348375</u> <u>10/05/07--01028--003</u> **70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Geo Toth 10/3/07 305-664-4559
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Phone No.