

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JAN 24 PM 5:08

DOCUMENT # N99000001098

1. Corporation Name

Bascom Volunteer Fire Department, Inc.

400065189284
02/06/06--01005--019 **490.00

2. Principal Office Address

4969 Basswood Rd

Suite, Apt. #, etc.

3. Mailing Office Address

P. O. Box 121

Suite, Apt. #, etc.

City & State

Bascom, FL

City & State

Bascom, FL

Zip
32423

Country
USA

Zip
32423

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 02/22/1999

5. FEI Number

31-1642679

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-06
CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name
Clark E. Riddle

Street Address (P.O. Box Number is Not Acceptable)
4956 Lauderdale Ln

Suite, Apt. #, Etc.

City
Bascom

State
FL

Zip Code
32423

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

Clark E. Riddle Pres

REGISTERED AGENT MUST SIGN

Date 01/23/2006

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Clark E. Riddle	4956 Lauderdale Ln.	Bascom, FL 32423
VP	Theodore L. Mobbs	6046 Wolf Pond Rd.	Greenwood, FL 32443
S/T	Kenneth Cook	5044 Liberty Hill Rd.	Bascom, FL 32423

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 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 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.

SIGNATURE:

Clark E. Riddle Pres Clark E. Riddle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/23/2006

Date

850-569-2589

Daytime Phone #