

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 OCT 28 PM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000006155

1. Corporation Name

STATION 17 FIREFIGHTERS ASSOCIATION, INC.

2. Principal Office Address

8618 East Esplande St.

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 5691

Suite, Apt. #, etc.

City & State

Navarre, FL

City & State

Navarre, FL

Zip

32566

Country

United States

Zip

32566

Country

United States

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/08/1999

5. FEI Number

59-3608598

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

CR2E081 (8/05)

01-05

WOP

7. Name and Address of Current Registered Agent

Name

Zaleske, Robert J.

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

8618 East Esplande St. 000060993940

Suite, Apt. #, Etc.

City

Navarre

State

FL

Zip Code

32566

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

Robert J. Zaleske
REGISTERED AGENT MUST SIGN

Date 10/26/2005

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
President	Robert J. Zaleske	8618 East Esplande St	Navarre/FL/32566
Vice President	Hobart A. McIntosh	8618 East Esplande St	Navarre/FL/32566
Treas/Secretary	Patricia L. Zimmerly	8618 East Esplande St	Navarre/FL/32566
Member at Large	Jack B. Thompson	8618 East Esplande St	Navarre/FL/32566
Member at Large	Ronald Norton	8618 East Esplande St	Navarre/FL/32566

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 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:

Robert J. Zaleske
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/26/2005

Date

(850) 939-5326

Daytime Phone #