2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 09, 2008
Secretary of State

DOCUMENT# P00000042986

Entity Name: FIRE COMPANY, INC.

Current Principal Place of Business:

1950 SE PORT SAINT LUCIE BLVD
202
PORT SAINT LUCIE, FL 34952 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 881777
PORT SAINT LUCIE, FL 34988 US

New Mailing Address:

FEI Number: 65-1004298 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DE OLIVEIRA, JOSE E
1950 SE PORT SAINT LUCIE BLVD
202
PORT SAINT LUCIE, FL 34952 US

Name and Address of New Registered Agent:

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.

SIGNATURE: JOSE EDGARD DEOLIVEIRA
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DE OLIVEIRA, JOSE E
Address: P O BOX 881777
City-St-Zip: PORT SAINT LUCIE, FL 34988 US

Title: VD ( ) Delete
Name: DEOLIVEIRA, ALINE
Address: PO BOX 881777
City-St-Zip: PORT SAINT LUCIE, FL 34988 US

Title: TD ( ) Delete
Name: NASSO, LUCIANO
Address: PO BOX 881777
City-St-Zip: PORT SAINT LUCIE, FL 34988 US

Title: TD ( ) Delete
Name: ANDRADE, JACQUELINE
Address: PO BOX 881777
City-St-Zip: PORT SAINT LUCIE, FL 34988 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: DEOLIVEIRA, MERCIA
Address: PO BOX 881777
City-St-Zip: PORT SAINT LUCIE, FL 34988 US

Title: TD (X) Change ( ) Addition
Name: ANDRADE, JACQUELINE
Address: PO BOX 881777
City-St-Zip: PORT SAINT LUCIE, FL 34988 US

Title: TD (X) Change ( ) Addition
Name: DEOLIVEIRA, ALINE
Address: PO BOX 881777
City-St-Zip: PORT SAINT LUCIE, FL 34988 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE EDGARD DEOLIVEIRA PD 10/09/2008
Electronic Signature of Signing Officer or Director Date