## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P00000042986

Entity Name: FIRE COMPANY, INC

FILED Oct 05, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1950 SE PORT SAINT LUCIE BLVD PORT SAINT LUCIE, FL 34952 **New Mailing Address: Current Mailing Address:** P O BOX 881777 PORT SAINT LUCIE, FL 34988 US FEI Number: 65-1004298 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DE OLIVEIRA, JOSE E 1950 SE PORT SAINT LUCIE BLVD 202 PORT SAINT LUCIE, FL 34952 US 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 DE OLIVEIRA

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

Electronic Signature of Registered Agent

City-St-Zip:

## **OFFICERS AND DIRECTORS:**

PORT SAINT LUCIE, FL 34988 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Date

Title: ( ) Delete () Change () Addition DE OLIVEIRA, JOSE E Name: Name: P O BOX 881777 Address: Address: City-St-Zip: PORT SAINT LUCIE, FL 34988 US City-St-Zip: Title: VD Title: () Delete () Change () Addition DEOLIVEIRA, MERCIA Name: Name: PO BOX 881777 Address: Address: PORT SAINT LUCIE, FL 34988 US City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition ANDRADE, JACQUELINE Name: Name: PO BOX 881777 Address: Address: City-St-Zip: PORT SAINT LUCIE, FL 34988 US City-St-Zip: Title: TD ( ) Delete Title: () Change () Addition DEOLIVEIRA, ÁLINE Name: Name: Address: PO BOX 881777 Address:

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.

City-St-Zip:

SIGNATURE: JOSE EDGARD DE OLIVEIRA PD 10/05/2009