

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN -6 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FL 32399

DOCUMENT # P00000049773

1. Corporation Name

FIRE CAMP ENTERTAINMENT COMPANY INCORPORATED

Principal Place of Business

7730 LEWIS RD
LAKELAND FL 33810

Mailing Address

7730 LEWIS RD
LAKELAND FL 33810

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/18/2000

5. FEI Number

59-4070498

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status



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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P/B	BROWN, CHESTER S	7730 LEWIS RD	LAKELAND FL 33809
V/D	GETFIELD, DESMOND	1044 S NEW YORK AVE	LAKELAND FL 33803
V	DESTIO, Cleveland M.	1044 S New York Ave	Lakeland FL 33803

000009873380
01/05/03--01070--002 ***150.00

8. Name and Address of Current Registered Agent

BROWN, CHESTER S-
7730 LEWIS RD
LAKELAND FL 33809

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12/30/02

11. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/30/02

Date

Daytime Phone #

(863)

683-7984

CR2E040 (8/02)

Fire Camp Entertainment Co.

7730 Lewis Rd

Lakeland, FL 33810-2140

Florida Department of State

P.O. Box 6327

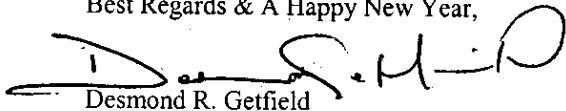
Tallahassee, FL 32314

December 30, 2002

To Whom It May Concern:

This letter is in reference to a Notice of Administration Dissolution or Revocation received by our office a few weeks prior. After carefully reviewing our records, we are quite sure that we haven't received any prior notices. Therefore, we were under the impression that the annual report had already been filed with the respective officers. Upon calling to plead our case, we were instructed to remit the reinstatement fee of one hundred fifty dollars [\$150.00] along with the application. Enclosed you will find a money order for the amount of one hundred fifty dollars [\$150.00] for fees charged for reinstatement. Thank you for your attention to this matter, if you have any further questions you may reach me at my office between the hours of 9 am & 5:30 pm. Tel: 863-683-7984.

Best Regards & A Happy New Year,


Desmond R. Getfield

CMD/DRG-fds