

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 744543

1. Corporation Name

ROTARY CLUB OF ST. PETERSBURG (GATEWAY) FLORIDA,
USA, INC.

Principal Place of Business

8801 9TH ST NORTH
ST. PETERSBURG FL 33702

Mailing Address

P O BOX 825
ST PETERSBURG L 33731
US

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

10/11/1978

5. FEI Number

59-1726473

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	GOODELS, CHARLES CHAMBERS, JOEY	1200 4TH STREET NORTH 12-123 1004 MARCO DR NE	ST. PETERSBURG FL
TD	GANNING, SUSAN EAGAN, DAN	131 63RD STREET NORTH 326 26TH AVE NORTH #4	ST. PETERSBURG FL
SD	BRAKE, HOWARD CUSHMAN, SALLY	6710 KINGS WOOD 14215 PUFFIN CT	ST. PETERSBURG FL
			000002497060--0 -04/22/98--01105--001 ****297.50 ****297.50

8. Name and Address of Current Registered Agent

STOUT, DAVID L
8813 9TH ST NORTH
ST. PETE FL 33702

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.

Signature of
Registered Agent

David L. Stout

REGISTERED AGENT MUST SIGN

Date

3/19/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on Intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/98
Date

813-822-8811
Daytime Phone #

FILED

98 APR 17 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

97-98

CR2040 (8/97)