

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 803849

1. Corporation Name

THE INTERNATIONAL ASSOCIATION OF LIONS CLUBS

Principal Place of Business

Mailing Address

300 22ND ST
OAKBROOK IL 60523-8842
US

300 22ND ST
OAKBROOK IL 60523-8842
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

00

4. Date Incorporated or Qualified To Do Business in Florida

03/03/1931

5. FEI Number

36-1263962

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
AOD	HAMILTON, WINTHROP	300 22ND ST	OAK BROOK IL
D D	STUART, JOHN ED MC CORMICK	10253 BRIARCLIFF RD E 318 SOUTH DEXTER	JACKSONVILLE FL VALLEY CENTER, KS 67147
AOD	VAINTZETTEL, ELSA	300 22ND ST.	OAK BROOK IL
VD V	ERWIN, JAMES E. FRANK MOORE, III	104 LOVERS LANE RD. 110 LEHIGH STREET	ALBANY GA DALEVILLE, AL 36322
D D	COBLER, DENNIS D DR. BUSTER HALL	1045 CAMELOT 4822 W. 84th AVENUE	N. MUSKEGON MI 49445 ANCHORAGE, AK 99502
PD P	HABANANANDA, KAJIT DR. JEAN BEHAR	10 SOI SOONVIJAI, NEW PETCHBURI 20 AVENUE DESIRE DEHORS	BANGKOK 76310 SAINTE-ADRESSE - FRANCE

8. Name and Address of Current Registered Agent

~~LINDSEY, LYONAL D~~
5230 SCOTT LAKE ROAD
LAKELAND FL 33803

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****236.25 ****236.25

9. Name and Address of New Registered Agent

Name
JAMES CRAWFORD
Street Address (P.O. Box Number is Not Acceptable)
1003 OSCEOLA DRIVE
Suite, Apt. #, Etc.
FT. PIERCE, FL 34982

City State Zip Code
FL

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

James Crawford
SIGNED AND REGISTERED AGENT MUST SIGN

Date 10/20/00

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.

KE

SIGNATURE:

Gary M. La Petina
SIGNED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GARY M. LA PETINA SECRETARY

10/18/00 630 571-5460
Date Daytime Phone #