

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 05 JAN 19 PM 5:25 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>N36892</u>					
1. Corporation Name <u>DAYTONA BEACH KIWANIS FOUNDATION, INC.</u>					
2. Principal Office Address <u>5631 BALD EAGLE DR</u> Suite, Apt. #, etc.			3. Mailing Office Address <u>5631 BALD EAGLE DR</u> Suite, Apt. #, etc.		
City & State <u>PORT ORANGE, FL</u> Zip <u>32128</u> Country <u>USA</u>			City & State <u>PORT ORANGE, FL</u> Zip <u>32128</u> Country <u>USA</u>		
			4. Date Incorporated or Qualified To Do Business in Florida <u>3/2/1990</u>		
			5. FEI Number <u>59-2995754</u>		
			6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Agent					
Name <u>RICHARD E. HEALD</u>					
Street Address (P.O. Box Number is Not Acceptable) <u>5631 BALD EAGLE DR</u>					
Suite, Apt. #, Etc.					
City <u>PORT ORANGE</u> State <u>FL</u> Zip Code <u>32128</u>					
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.					
Signature of Registered Agent <u>Richard E. Heald</u> Date <u>1/10/05</u>					
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip		
P/D	SUZANNE STEINER	5905 LUKE LN	FLAGLER BEACH, FL 32136		
P/D	JOHN KOBERG	2415 BELLUELE AVE	DAYTONA BEACH, FL 32114		
P/E/D	MARK BUDIANSKY	730 S. ATLANTIC AVE	ORMOND BEACH, FL 32176		
V/P/D	DR JOE LUCKETT	731 BEVUELE RD	DAYTONA BEACH, FL 32119		
T/D	DAVID HEONARD	595 N. NOVA RD	ORMOND BEACH, FL 32174		
10. 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: <u>Richard E. Heald</u> Date <u>1/10/05</u> 386 767-4370					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E081 (01/04)

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Richard Heald Secretary
5631 Bald Eagle Drive
Port Orange, Fl 32128
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