PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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DOCUMENT # **N37391**

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1. Corporation Name

**KIWANIS CLUB OF ST. AUGUSTINE CORPORATION**

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 637<br>ST. AUGUSTINE FL 32085-7637 | P.O. BOX 637<br>ST. AUGUSTINE FL 32085-7637 |

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

REINSTATEMENT 00

| 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 |

4. Date Incorporated or Qualified To Do Business in Florida: 04/02/1990

5. FEI Number: 59-3017853 ☐ 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~~ D | ~~TAYLOR, ROBERT~~ JOE B. BLEWETT | ~~198 SR 16~~ 8200 A1A SOUTH #37 | ST. AUGUSTINE FL ~~32084~~ 32080 |
| ~~P~~ D | ~~SCOTT, HUGH A~~ RANDALL PETERSON | ~~105 DOGWOOD DR~~ P.O. BOX 1690 | ST AUGUSTINE FL 32085 |
| ~~P~~ D | EBERLING, ROBERT | ~~120 CROOKED TREE TRAIL~~ 437 BIG TREE RD. | ~~ST AUGUSTINE FL 32086~~ PONTE VEDRA BEACH, FL 32082 |
| ~~D~~ D | ~~HIEBERT, JAMES~~ STEVE BRODY | ~~220 BLUEBIRD LANE~~ 103 SAN RAFAEL RD. | ~~ST AUGUSTINE FL 32095~~ ST. AUGUSTINE, FL 32080 |
| ~~D~~ | ~~QUINNEY, DAVID~~ | ~~703 POPE RD~~ | ~~ST AUGUSTINE FL 32084~~ |
| ~~P~~ | ~~ROBINSON, WILLIAM~~ | ~~231 CIRCLE DRIVE EAST~~ | ~~ST AUGUSTINE FL~~ |

**8. Name and Address of Current Registered Agent**

UPCHURCH, H. DAVIS, JR.
1510 N PONCE DE LEON BLVD
ST. AUGUSTINE FL 32084

**9. Name and Address of New Registered Agent**

Name: ROBERT EBERLING, CPA
Street Address (P.O. Box Number is Not Acceptable): 1400 OLD DIXIE HWY
Suite, Apt. #, Etc.: SUITE E
City: ST. AUGUSTINE State: FL Zip Code: 32084

CR2E040 (8/00)

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: ROBERT A. EBERLING SIGNATURE REQUIRED Date: 10/31/00
REGISTERED AGENT MUST SIGN

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:** ROBERT A. EBERLING SIGNATURE REQUIRED ROBERT A. EBERLING 10/31/00 904-824-6111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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