

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 DEC - 11 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N46353

1. Corporation Name

Kiwanis Club of Brooksville, Inc.

2. Principal Office Address

P.O. Box 685

3. Mailing Office Address

P.O. Box 685

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Brooksville, FL

City & State

Brooksville, FL

Zip

34605

Country

USA

Zip

34605

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/5/91

5. FEI Number

59-6152216

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-03

7. Name and Address of Current Registered Agent

Name

J.E. Johnston III

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

29 South Brooksville Avenue

Suite, Apt. #, Etc.

City

Brooksville

State

FL

Zip Code

34601

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

REGISTERED AGENT MUST SIGN

Date 11/25/03

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	Joseph E. Johnston III	29 S. Brooksville Ave	Brooksville, FL 34601
P/E	Jimmy Kimbrough	11 N. Main St.	Brooksville, FL 3460
VP	Darrel Oppedal	3358 Augustine Road	Spring Hill, FL 34609
S	Peyton Hyslop	20 N. Main St., Rm. 340	Brooksville, FL 34601
T	Robert Draper	10195 Thayer St.	Brooksville, FL 34601
D	Karen Beasley	424 Ederington Drive	Brooksville, FL 34601

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres.

11/25/03

Date

352-796-5123

Daytime Phone #

Joseph E. Johnston III

CR2E081 (10/02)