


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

02 NOV 27 AM 9:25

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **N46932**  
 1. Corporation Name  
**OPTIMIST CLUB OF WEST PALM BEACH, INC.**

Principal Place of Business Mailing Address  
 POB 2243 POB 2243  
 W PALM BEACH FL 33402-2243 W PALM BEACH FL 33402-2243



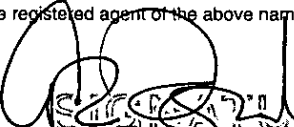
If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida		01/21/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number		Applied For	
City & State		City & State		59-6139128		Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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
D	THOMAS, DAVID J	222 RIDGEVIEW DR	PALM BEACH FL
STD	TUNIS, T B	8520 DOVERBROOK DR	PALM BCH GDNS FL
PD	TICKNER, RICHARD	2408 AVENIDA MADRID OSTE	WEST PALM BEACH FL 33415
D	HOWARD-SMITH, JOHN G	350 VALLEY FORGE RD	WEST PALM BEACH FL
D	TOMLINSON, ALLEN R	505 S FLAGLER DR, #1100	W PALM BCH FL

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
TOMLINSON, ALLEN R. 505 S FLAGLER DR STE 1100 W PALM BEACH FL 33402		Name	
		Street Address (P.O. Box Number is Not Acceptable) 800009246498	
		Suite, Apt. #, Etc. 1172702--01101--006 **51.25	
		City	State <b>FL</b>

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. or 617.0505, F.S.

Signature of Registered Agent  **SIGNATURE REQUIRED** Date 11/16/12  
 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:  **SIGNATURE REQUIRED** Date 11-7-02  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (6/02)

**Optimist Club of West Palm Beach**  
**P.O. Box 2243**  
**West Palm Beach, Florida 33402-2243**

November 9, 2002

Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

RE: Optimist Club of West Palm Beach, Inc  
Document # N46932

Dear Sir or Madame:

Please find enclosed the Application for Reinstatement and a check for \$61.26. We are asking that the reinstatement fee be waived, as we are not aware of getting the report for 2002.

We are a small civic club trying to help the youth in our community. Your waiving of the fee would be most appreciated.

Thank you for your consideration in this matter.

Sincerely,



T. Bradley Tunis  
Treasurer