

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY 27 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700013638637
06/04/03--01034--036 **122.50



REINSTATEMENT 02-03

DOCUMENT # N93000000848

1. Corporation Name

WEST PALM BEACH ROTARY CLUB, INC.

Principal Place of Business

Mailing Address

C/O BUSH & ASSOC. INC
P O BOX 221345
WEST PALM BEACH FL 33422
US

C/O BUSH & ASSOC. INC
P O BOX 221345
WEST PALM BEACH FL 33422
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

4. Date Incorporated or Qualified
To Do Business in Florida

03/22/1993

5. FEI Number

59-0563417

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
TD	RODGERS, EMORY C/O CH	1001 ALTERNATE A1A	JUPITER FL 33477
TD	PIVER, CHARLES R	18772 STILL LAKE DR	JUPITER FL 33458
M	BUSH, KATHLEEN	P O BOX 221345	WEST PALM BEACH FL 33422
D	DUNN, JOHN DAVID	13331 KINGSBURG DRIVE	WEST PALM BEACH FL 33444
TD	NICOLETTI, PAULA	P O BOX 221345	WPS FL 33422
TD	BENNETT, WILLIAM	P O BOX 221345	WPS FL 33422

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BUSH, KATHLEEN
4552 BROOK DRIVE
WEST PALM BEACH FL 33422

Name

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

700013638637

Suite, Apt. #, Etc.

03/07/03--01008--011 **175.00

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. or 617.0505, F.S.

700013638637
06/04/03--01034--037 **542.50

Signature of
Registered Agent

Carolee SIGNATURE REQUIRED

Date

10/30/02

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:

Carolee SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/30/02 6811320