PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JUN 17 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000005489

REINSTATEMENT

1. Corporation Name
ROTARY CLUB OF BONITA SPRINGS NOON, INC.

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| P.O. Box 1092 | P.O. Box 1092 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Bonita Springs FL | City & State: Bonita Spring FL. |
| Zip: 34133 Country: USA | Zip: 34133 Country: USA |

4. Date Incorporated or Qualified To Do Business in Florida: 11/04/1994

5. FEI Number: ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

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

Name: PHILLIP A ROACH 600020900375
06/17/03--01002--014 **87.50

Street Address (P.O. Box Number is Not Acceptable): 28139 VANDERBILT DR.

Suite, Apt. #, Etc.: #1

City: BONITA SPRINGS State: FL Zip Code: 34134

**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: _____ Date: 6/9/2003
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

**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 | DON BALLO | 11680 Bonita Beach Rd. #202 | Bonita Springs FL. 34135 |
| VP | John Jablonski | 706 Mainsail Pl. | Naples FL. 34110 |
| D | Steve Agius | 14490 Old Hickory Blvd | Fort Myers FL. 33912 |
| D | Mike Mioletti | 2550 Coach House Ln. | Naples FL. 34105 |
| D/S | Barbara Davey-Hadaway | 18249 Huckleberry | Ft. Myers, FL. 33912 |
| D | Ernie BARR | 3561 Lakemont Dr. | B.S. FL. 34134 |

**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:** DON BALLO - DON BALLO - President 6/6/2003 239-495-8888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

jr 6/17