PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 JAN -6 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000003202

1. Corporation Name

Jupiter/Tequesta Sunrise Rotary Club Endowment, Inc.

W09-51850

200163089572
01/07/10--01005--019 **131.25

200163089572
11/24/09--01040--017 **236.25

REINSTATEMENT CR2E081 (11/09) DW 07-09

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
185 E. Indiantown Rd	P.O. Box 3643
Suite, Apt. #, etc.	Suite, Apt. #, etc.
114	
City & State	City & State
Jupiter, Florida	Jupiter, Florida
Zip / Country	Zip / Country
33477 / USA	33469 / USA

4. Date Incorporated or Qualified To Do Business in Florida: May 19, 1999

5. FEI Number: 65-1147082 ☐ 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: Tom Beckett

Street Address (P.O. Box Number is Not Acceptable): 185 E. Indiantown Rd

Suite, Apt. #, Etc: 114

City: Jupiter | State: FL | Zip Code: 33477

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: Tom Beckett — Date: 11/20/09
REGISTERED AGENT MUST SIGN

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
D	Bill Pinter	5172 PEPPERCORN ST.	PALM BEACH GARDENS FLORIDA 33418
D	Tom Beckett	185 E. Indiantown Rd	Jupiter, Florida 33477
D	Tom Boyhan	342 Toney Penna Dr.	Jupiter, Florida 33458
	REINSTATEMENT		

10. **E-mail Address:** _____
(To be used for future annual report notification)

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. I further certify, 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: TOM BECKETT Tom Beckett — 11/20/09 — 561 746-1441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #