

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **767130**

1. Corporation Name

**PALM BEACH ROTARY FOUNDATION**

2. Principal Office Address

**2633 BORDEAUX COURT**

Suite, Apt. #, etc.

City & State

**NORTH PALM BEACH, FL**

Zip

**33408**

Country

**USA**

3. Mailing Office Address

**P.O. BOX 105**

Suite, Apt. #, etc.

City & State

**PALM BEACH, FL**

Zip

**33480**

Country

**USA**

**REINSTATEMENT**

**84-00**

4. Date Incorporated or Qualified  
To Do Business in Florida

**2-23-83**

5. FEI Number

**59-2551031**

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

**KIM PARKEY**

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

**2633 BORDEAUX COURT**

City

**NORTH PALM BEACH**

State

**FL**

Zip Code

**33408**

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

*Kim H. Parkey*  
REGISTERED AGENT MUST SIGN

Date **7/27/00**

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
PRES	JIM BRONSTIEN	4200 N. FLAGLER	WEST PALM BCH, FL 33407
V-P	ANITA E. MANUEL	217 PERUVIAN AVE, #2	PALM BEACH, FL. 33480
TRES	TOM EASTWOOD	1137 CLARE AVE.	WEST PALM BCH, FL 33401
SEC	BOB HENRY	1860 OLD OKEECHOBEE RD #1	15 W PLM BCH, FL 33409
PAST-PRES.	PAM HENDERSON	300 ROYAL PALM WAY	PALM BEACH, FL 33480
DIR	MARY HARPER	180 ROYAL PALM WAY	PALM BEACH, FL 33480
DIR	JOY KING	170 CHILIAN AVE	PALM BEACH, FL 33480
DIR	STEVE SYLVESTER	25 SO FEDERAL HWY	LAKE WORTH, FL 33460
DIR	PATSY WATTS-WEARN	332 ROYAL POINCIANA PLAZA	PALM BEACH, FL 33480

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:

*Anita E. Manuel, V-P*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**7-27-00**

Daytime Phone #

**561-655-5777**

CR2E081 (9/99)