

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

AND
FILED

03 SEP -9 PM 5:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 700095

1. Corporation Name

West Palm Beach Rotary Club Student Aid Fund, Inc.

2. Principal Office Address

4552 Brook Drive

3. Mailing Office Address

PO Box 221345

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

West Palm Beach

Zip

33417

Country

USA

Zip

33422-1345

Country

USA

REINSTATEMENT

01-03 wp

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-1002972

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

Kathy Bush

300022886423

09/09/03--01071--002 **192 50

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

c/o Bush Management 4552 Brook Drive

Suite, Apt. #, Etc.

City

WPB

State

FL

Zip Code

33417

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

REGISTERED AGENT MUST SIGN

Date 8/25/03

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	William Fleming	1267 Barnstaple Circle	Wellington, FL 33414
PRes E	William Bennett	8317 Bob-O-Link Drive	WPB, FL 33412
Secty	Greg Kissel	19060 Talon Way	Jupiter, FL 33458
Treas	Bill Bone	550 So. Quadrille Blvd #200	WPB, FL 33401
Exec Di	Kathy Bush	4552 Brook Drive	WPB, FL 33417

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/25/03

Date

561-681-1320

Daytime Phone #

CR2E081 (10/02)