

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 NOV -3 PM 2: 31

mtm  
11/4

DOCUMENT # 702247

1. Corporation Name

LIONS CLUB OF OAKLAND PARK, INC.

Principal Place of Business

180 NE 44TH ST  
CLUBHOUSE  
FT LAUDERDALE FL 33334  
US

Mailing Address

560 NE 42 ST  
OAKLAND PARK F 33334  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/08/1961

5. FEI Number

59-6170058

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<del>D</del>	<del>DAVIS, EARL E</del>	<del>2003 NW 28TH TERR</del>	<del>FT LAUDERDALE FL</del>
P	KEITH, WILLIAM	3427 NW 34TH ST	LAUDERDALE LAKES FL
T	JOHNSON, JAMES	331 NE 42ND CT	OAKLAND PARK FL
D	KEITH, SCOTTIE	3427 NW 34TH ST	LAUDERDALE LAKES FL
<del>S</del>	<del>BARRETT, JOHN</del>	<del>4571 NE 3RD AVE</del>	<del>FT LAUDERDALE FL</del>
D	CARPENTER, KENNETH	601 NE 34TH ST	FT LAUDERDALE FL

8. Name and Address of Current Registered Agent

JOHNSON, JAMES E.  
560 NE 42 ST  
OAKLAND PARK FL 33334

9. Name and Address of New Registered Agent

Name

100002339301--9

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

11/05/97-01093-004  
\*\*\*\*236.25 \*\*\*\*236.25

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10-27-97

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information  
on Intangible tax.)

12. 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

Date

10-27-97 (954)  
566-2399

Daytime Phone #

CR2E040 (6/97)