

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

NOV 12 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 704497

1. Corporation Name

KIWANIS CLUB OF LAKE PLACID INC

Principal Place of Business

Mailing Address

223 INTER LAKE BLVD.
LAKE PLACID FL 33852
US

223 INTERLAKE BLVD.
LAKE PLACID FL 33852
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

2 Interlake Blvd
Suite, Apt. #, etc.

2 Interlake Blvd.
Suite, Apt. #, etc.

City & State

City & State

Lake Placid, FL

Lake Placid, FL

Zip 33852

Country

United States

Zip 33852

Country

United States

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

09/07/1962

5. FEI Number

59-6210970

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
SD	WONG, JOHN	1504 WINTER RD. DR.	LAKE PLACID, FL
SD	GALE, WALTER	1504 WINTER RD. DR.	LK PLACID, FL 00000
VP	GURRO, PETER	207 LIME RD, NW	LAKE PLACID, FL
PD	CHANDLER, WILLIS	125 PARK AVE., E	LAKE PLACID, FL
TD	MULLINS, MOSTYN	1212 VAN BUREN ST.	LAKE PLACID, FL

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-11/19/96--01140--009
***236.25 ***236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WYPYHOSKI, RICK
125 TEMPTATION LANE
LAKE PLACID FL 33852

Name

Mostyn Mullins

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

2 Interlake Blvd

Suite, Apt. #, Etc.

City

Lake Placid

State

FL

Zip Code

33852

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

Mostyn Mullins REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/7/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Mostyn Mullins REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/7/96

Date

941-465-3553
Daytime Phone