PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 MAR 20 PH 4: 03

TALLAHASSEE, FLORIDA

DOCUMENT # 706755

1. Corporation Name

OPTIMIST CLUB OF DOWNTOWN FORT LAUDERDALE, INC.

REINSTATEMENT 74-06

CR2E081 (12/05)

2. Principal Office Address	**3.** Mailing Office Address
2000 S. Ocean Drive	P.O. Box 460037
Suite, Apt. #, etc.	Suite, Apt. #, etc.
PH 3	
City & State	City & State
Fort Lauderdale, FL	Fort Lauderdale, FL

Zip	Country	Zip	Country
33316	USA	33346	USA

4. Date Incorporated or Qualified To Do Business in Florida 1/28/1964

5. FEI Number   Applied For   [X] Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

EDWARD R. FINK

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

2000 S. Ocean Drive

Suite, Apt. #, Etc.

PH 3

City	State	Zip Code
Fort Lauderdale	FL	33316-3810

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 March 15, 2006

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
PD	George Thorne	2625 Sea Island Dr.	Ft.Laud.,FL 33301
TD	Nels R. Pearson	3100 NE 49th St.	Ft.Laud.,FL 33305
VD	Richard G. Chosid	3110 NE 48th St.	Lighthouse Pt., FL 33064
SD	Edward R. Fink	2000 S. Ocean Dr.,PH3	Ft.Laud., FL 33316
VD	Carl E. Hallberg	1300 Tangelo Isle	Ft.Laud., FL 33315

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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 contained in Chapter 119, 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: _____ S/D

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 15, 2006

Date

954-524-6289

Daytime Phone #