## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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	PORATION STATEMEN	200000000000000000000000000000000000000	Secreta	RTMENT OF STATE ary of State CORPORATIONS		FILED 04 DEC -3 AM 8:	50	
DOCUMENT # 7/3 465  1. Corporation Name					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
KIWANIS CLUB OF WEST PASCO,						•	,	
NEWFORT Richey, FLORIDA, INC.							o mar the to Mo.	
2. Principal Office Address			3. Mailing Office Address		<b>⊃লে</b> ছে®∑ে	"ATEMENT_	NU	
JAOIK PENZANCELANE Suite, Apt. #, etc. '			P.O. Box 1716		医院調多	HI I KIND PRO R		
					4. Date Incorporated or Qualified To Do Business in Florida			
City & State			City & State		To Do Business in Florida 10/16/1967  5. FEI Number Applied For			
NEWラ Zin	NEWPORT Richey, FL		NEW PORTRICHEYFU.		√ Not Applicable			
3466		LSA	34656	USA	GERTIFICATE		Additional Fee required a Certificate of Status	
7. Name and Address of Current Registered Agent								
	Name JANEL. KING							
	Street Address (P.O. Box Number is Not Acceptable)							
	Suite, Apt. #, Etc.					<u>00431746</u> 0401048005 *	*245.10	
	DEW PORT RICHEY					State Zip Code FL 3 K6 5 K		
8. 1, 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 Nov. 30	<u> </u>	
9. Names	and Street Address	ses of Each Officer and	d/or Director (Florida non	profit corporations must list at le	ast 3 directors)			
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director		City / State /	<sup>7</sup> Zip	
P	Vicki Libertwood		od 127	12708 College Hill DR		Hudson, FL 3	4667	
V	WALTERHARTSHORNE		ane 962	9622 BRASSIE CT.		NewPORTRICHE	y FL 34657	
S	VANE L. King		120	12014 Penzance LN		New FORT Richt	y FL 34654	
I	ERIC Rhodes		354	3547 Richey De		New PORT Riche	7FL 34652	
		Flea	6 e see /	ATTached Fo.	e List	OF DI RECTORS	don	
					<u> </u>		Die	
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 filling 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 Daytime Phone #								

## APPLICATION FOR CORPORATION REINSTATEMENT KIWANIS CLUB OF WEST PASCO, NEW PORT RICHEY, FLORIDA, INC.

## **LIST OF DIRECTORS**

Bill R. Duff 1113 Kapok Circle Clearwater, FL 33759

Joel Koppelman 8335 Golddome Drive Port Richey, FL 34668

Paul Ligertwood 12708 College Hill Drive Hudson, FL 34667

Robert Morris 4412 Harney Court New Port Richey, FL 34655

Winfield Staples 3117 Lenwood Drive New Port Richey, FL 34655

Edward Weiss 6117 Caliber Court New Port Richey, FL 34655