

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAY 29 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 716143

1. Corporation Name

OPTIMIST CLUB OF SUNILAND, INC.

2. Principal Office Address

12855 S. DIXIE HWY.

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 560403

Suite, Apt. #, etc.

City & State

PINECREST, FL

City & State

PINECREST, FL

Zip

33156

Country

USA

Zip

33256

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

MARCH 3, 1969

5. FEI Number

59-2289503

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

JON V. GABLE

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

8340 SW 94 ST.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33156

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

Jon V. Gable
REGISTERED AGENT MUST SIGN

Date May 21, 2003

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.	KARL R. KRUSE	10245 SW 130 LN.	MIAMI, FL 33176
VP	LONNY HELD	9001 SW 65 CT.	PINECREST, FL 33156
SEC	CESAR LASTRA	8261 SW 128 ST.	PINECREST, FL 33156
TRES.	KAREN BURGESS	11905 SW 73 AVE.	PINECREST, FL 33156

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:

Karl R. Kruse
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KARL R. KRUSE (PRES.)

Date

5/21/03

Daytime Phone #

(305)
233-2291

CR25081 (10/02)

5/23/03