PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		E	FILED 04 AUG 13 AM 9 41			
DOCUMENT # 716324						SECRETALY LEGT, TALLAHADAH, FLO		
Rota	ary Club Of	Seminole (Charitable Fun	nd, Inc.	į į			
· · · · · · · · · · · · · · · · · · ·			3. Mailing Office Addre P.O. Box 33	- - .				
Suite, Apt. #, etc. Suite, A			Suite, Apt. #, etc.	#. etc.		porated or Qualified siness in Florida 4/7/19	60	
City & State			City & State		5. FEI Numb	4/1/19	Applied For	
Seminole, FL		in.	Seminole, FL Country			33683	Not Applicable	
33776	- 1	SA	33775	USA	6. CERTIFICAT		Additional Fee required Certificate of Status	
	Name		7. Name and	Address of Current Reg	istered Agent			
	John M. Elias Street Address (P.O. Box Number is Not Acceptable) 611 Druid Rd. E. Suite. Apt. #, Etc. City Clearwater, Clearwater, Clearwater, Clearwater, Clearwater, Close Clearwater, Close Clearwater, Clearwate							
8. I, being Signature o Registered	$\cdot \bigcirc A$	MSA	gistered Agent MUS		he obligations of sect	Date 8/11/64		
9. Names	and Street Addresse	s of Each Officer and	or Director (Fiorida nonpr	ofit corporations must list	at least 3 directors)	(SEE ATTACHED SHI	EET)	
Titles	Office	Name of ers and/or Directors	 	Street Address of Officer and/or Dir		City / State /	Zip	
DP	Paul P. Zi	egler	13961	88th Terr N		Seminole, FL 337	776	
DV	Terry Coll	ier	5230 1	Denver St. NE	*	St Petersburg, FI	33703	
DS	Al Stephen	son	9001	134th Way N.		Seminole, FL 3377	76	
DT	John Martinovich		10526	10526 118th St. N.		Largo, FL 33773		
D	Kip Janes		9576 (9576 Oakhurst Rd.		Seminole, FL 3377	76	
D	Larry Hoffman		463 H	463 Haven Point Dr.		Treasure Island, FL 33706		
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 Date								
	- IUI ARGIC		i eo ler	FIGER ON DIRECTOR		Date Daytime	rnona #	

ROTHRY CLUB OF SEMINOLE CHARITABLE FUND, INC.

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)						
Tides	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip			
D	Nancy O'Brien	6475 Burning Tree Dr.	Seminole, FL 33777			
D	William Sines	8265 Forest Circle	Seminole, FL 33776			
D	Sandra Mills-Alford	934 Deville Dr.	Largo, FL 33771			
D	Robin Morrison	230 Overbrook Dr.	Largo, FL 33770			
D	Robbin Mallory	10596 Nina St.	Seminole, FL 33778			
D	Robert Fedor	13495 Gulf Blvd.	Madeira Beach, FL 33708			