

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JUL -1 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 717800

1. Corporation Name

Ormond Beach Kiwanis Foundation

2. Principal Office Address

P.O. Box 1558

Suite, Apt. #, etc.

City & State

Ormond Beach, FL

Zip

Country

3275-1558 United States

3. Mailing Office Address

P.O. Box 1558

Suite, Apt. #, etc.

City & State

Ormond Beach, FL

Zip

Country

32175-1558 United States

**4. Date Incorporated or Qualified
To Do Business in Florida**

02/09/1994

5. FEI Number

596241470

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

Rei - 03-05

7. Name and Address of Current Registered Agent

Name

Richard E. Palmer

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

34 S. St. Andrews Drive

Suite, Apt. #, Etc.

City

Ormond Beach

State

FL

Zip Code

32174

700056891497

07/01/05--01038--001 **358.75

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

Richard E. Palmer

Date 06/29/2005

REGISTERED AGENT MUST SIGN

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	Sloane, Judy S	11 Sandra Drive	Ormond Beach, FL 32176
SD	Rohm, Bill	3 Sunwood Trail	Ormond Beach, FL 32174
TD	Palmer, Richard	34 S. St. Andrews Drive	Ormond Beach, FL 32174
PE	Callahan, Donald	256 Blue Heron Lake Circle	Ormond Beach, FL 32174
VD	Driscoll, Hugh	139 Pine Cone Trail	Ormond Beach, FL 32174
VD	Burton, Alton	915 Ocean Shore Blvd Apt 707	Ormond Beach, FL 32176- 8307

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:

William L. Rohm William L. Rohm

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/05 386-615-0947

Date

Daytime Phone #

CR2E081 (01/05)