

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV -2 AM 8:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 717979

1. Corporation Name

The Fort Walton Beach Rotary Club, Inc
w09-46437

2. Principal Office Address - No P.O. Box #

180 Ferry Road

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 892

Suite, Apt. #, etc.

City & State

Fort Walton Beach

Zip

32548

Country

USA

City & State

Fort Walton Beach

Zip

32549

Country

USA

11/02/09--01049--011 **297.50

800162404778

11/02/09--01049--011 **297.50

4. Date Incorporated or Qualified
To Do Business in Florida

1954

5. FEI Number

59-6209660

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

Foster, William Scott

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

909 Mar Walt Drive # 1014

Suite, Apt. #, Etc.

City

Fort Walton Beach

State

FL

Zip Code

32548

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 10/14/09

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
Mr.	Andrew J. Corbin	855 The Masters	Shalimar FL 32579
Ms	Kathleen Pritchard	249 Wakissa Cove	Destin, FL 32541
Mr	Allan Stearns	2 Ipswich Circle	Fort Walton Bch, FL 32547
Mr	Wayne Campbell	1024 Lakeway Drive	Niceville FL 32578
REINSTATEMENT RH			

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:

Andrew J. Corbin

10/14/09 (950) 243-3722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Date

Daytime Phone #