

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 719618

1. Corporation Name

SEBRING LIONS CLUB, INC.

Principal Place of Business

Mailing Address

1200 FAIRMONT DR  
SEBRING FL 33870

1200 FAIRMONT DR  
SEBRING FL 33870

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/02/1970

5. FEI Number

59-1828602

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	SCHROEDER, HOWARD Ron Keys	1725 JERI KAY LANE 1921 Bambi Court	SEBRING FL 33870 33875
VD	RUGGEO, PETER Ron Keys	4229 HERALDO AVE 1921 Bambi Court	SEBRING FL 33872 33875
TD	BELL, PEGGY Gil Schmidt	1614 SHAMROCK BLVD 3818 Sunbird Circle	SEBRING FL 33870 33872
SD	SCHROEDER, LOIS Becky Marchant	1725 JERI KAY LANE 1017 LaGrande Blvd.	SEBRING FL 33870
			400003436834-3 12/12/00-01040-026 ****236.26 ****236.26

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCHROEDER, LOIS  
1725 JERI KAY LANE  
SEBRING FL 33870

Name

Becky Marchant

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

1017 LaGrande Blvd.

Suite, Apt. #, Etc.

City

Sebring

State

FL

Zip Code

33870

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

Becky Marchant  
REGISTERED AGENT MUST SIGN

Date 10-26-2000

11. 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:

Becky Marchant  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-26-2000

Date (863) 382-4160  
Daytime Phone #

KE