PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

720405

1. Corporation Name

FORT MEADE LIONS CLUB, INCORPORATED

Principal Place of Business

Malling Address

227 WEST BROADWAY

P O BOX 214

FORT MEADE FL 33841-0214

P O BOX 214

FORT MEADE FL 33841-0214

97 DEC 22 PM 3: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FILED

		V O III ME I			REINS	TATEMENT	97 <i>(8)</i>	
If above addresses are incorrect in any way, line throug 2. New Principal Office Address, If Applicable			New Mailing Office Address, If Applicable			Date Incorporated or Qualified To Do Business In Florida 03/03/1971		
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			5. FEI Number Applied For			
City & State	9	City & State					Not Applicable	
Zip	Country	Zip	Country	у	6. CERTIFICATI	E OF STATUS DESIRED 🔲 💲	3.75 Additional Fee required for a Certificate of Status	
7. Names	and Street Addresses of Each Officer and	d/or Director (Flo	orida nonprofit corpora	itions must list at lea	st 3 directors)			
Title(s)	Name of Officers and/or Directors 2		Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)			City / State /- Zip		
8	GUENTHER, DENNIS - STEDEM , DAN	2876 CHRISWORTH (N			FORT-MEADE FL			
Р	FRAZIER, CLAYTON REHRING , FRITZ	488 WILLOW OAK-COURT-			FT. MEADE FL			
D	PEAVEY, EARNEST	505 N PERRY AVE.			FT. MEADE FL			
T	WILSON, GARY L. STHKESHLEY, FITZ	-1140 LIGA LANE - 8 CHAFLESTEW AVE N			BARTOW FL FT MONE FL 3384/			
D	HAVERTY, MILT	620 NE 3RD ST.			FORT MEADE FL			
VP 1	DOUGLASS, MARIE	300 SOUTH WASHINGTON AVENUE, LOT		FT. MEADE FL				
	8. Name and Address of Curren				Address of New Registered Agent			
610 N	THER, DENNIS ASHUA AVE. MEADE 33841	Name STEDEM DAW Street Address (P.O. Box Number is Not Acceptable 4/97-01093-010 2876 CHATSUDTK (N ****236.25			-7726 -01093010 5-****236.25-			
		City LAKELAND		Stat FL				
10. I, being Signature of Registered	Agent	×	oration, am familiar w	ith and accept the o	bligations of Sect	ion 607.0505, F.S. Date 17/18/87		
	is corporation owes or h		•	ar Yes	No 🗍		ide for information angible tax.)	

12. 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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P/18/97

94/2858187