

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

722006

1. Corporation Name

KIWANIS CLUB OF SARASOTA-SUNRISE, FLORIDA, INC.

Principal Place of Business

2965 BEE RIDGE ROAD
SUITE B
SARASOTA FL 34239
US

Mailing Address

2965 BEE RIDGE ROAD
SUITE B
SARASOTA FL 34239
US

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

2. New Principal Office Address, If Applicable

3439 TALLYWOOD LN

Suite, Apt. #, etc.

SARASOTA, FL

City & State

34237

Zip

Country

3. New Mailing Office Address, If Applicable

3439 TALLYWOOD LN

Suite, Apt. #, etc.

SARASOTA, FL

City & State

34237

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/02/1971

5. FEI Number

23-7098145

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
✓ V	SNYDER, BILL	5306 FOXWOOD DRIVE	SARASOTA FL
PD D	HARTIG, DENNIS	3708 FLORES AVENUE	SARASOTA FL
PD	MENZEL, WALT	2965 TANGLEWOOD WAY	SARASOTA FL 34239
D	TASMAN, LARRY	7321 CAPTAIN KIDD AVE	SARASOTA FL 34231
P	LEW TROTTER	1800 2 ND ST #102	SARASOTA, FL 34237

8. Name and Address of Current Registered Agent

MENZEL, WALT
2965 BEE RIDGE ROAD
SUITE B
SARASOTA FL 34239

Roger Caron
3439 Tallywood Ln
SARASOTA, FL 34237

9. Name and Address of New Registered Agent

Name Roger J. Caron TS
Street Address (P.O. Box Number is Not Acceptable)
3439 TALLYWOOD LN
Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34237

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

Roger J. Caron
REGISTERED AGENT MUST SIGN

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-11/30/01-01011-006

****236.25 ****236.25

Date

11/2/01

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:

William Snyder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/2/01

Daytime Phone #

941-957-5528



FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E040 (8/01)