PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUN 14 AM 8:00

DOCUMENT # 722019

1. Corporation Name
Kiwanis Club of Sun City Center, Florida, Inc.

P. O. Box 5753

REINSTATEMENT 00-04
MRD

2. Principal Office Address		**3.** Mailing Office Address	
		P. O. Box 5753	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	Sun City Center, Florida
Zip	Country	Zip	Country
		33573	United States

4. Date Incorporated or Qualified To Do Business in Florida: 11/05/1971

5. FEI Number: 23-7190587 ☐ 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
Simone M. Baillergeon

Street Address (P.O. Box Number is Not Acceptable)
912 La Jolla Ave.

000038094560
06/18/04--01050--006 **656.25

Suite, Apt. #, Etc.

City	State	Zip Code
Sun City Center	FL	33573

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: Simone M. Baillergeon, Pres. (REGISTERED AGENT MUST SIGN)

Date: 6/8/2004 ~~5/29/2004~~

CR2E081 (01/04)

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
Pres	Simone M. Baillergeon	912 La Jolla Ave.	Sun City Center, FL 33573
V.Pres	William McCracken	3705 Gaviota Drive	Ruskin, FL 33573
V.Pres	Gwen Halm	404 La Jolla Ave.	Sun City Center, FL 33573
Treas	Donald Rawlings	1507 Belle Glade Ave.	Sun City Center, FL 33573
Secr.	James Elliott	1802 Wolf Laurel Drive	Sun City Center, FL 33573

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: Simone M. Baillergeon, Pres. 6/8/2004 813-633-3311 x28
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #