

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 722156

1. Corporation Name

**LIONS CLUB OF ENGLEWOOD, INC**

2. Principal Office Address - No P.O. Box #  
**4611 Placida Rd.**

Suite, Apt. #, etc.

City & State

**Englewood**

Zip  
**34224**

Country  
**USA**

3. Mailing Office Address

**8080 Casa De Meadows Dr.**

Suite, Apt. #, etc.

City & State

**ENGLEWOOD, FL**

Zip  
**34224-9509**

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**11/24/1971**

5. FEI Number

**59-1867533**

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

**Larry W Beers**

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

**8080 Casa De Meadows Drive**

Suite, Apt. #, Etc.

City  
**Englewood**

State  
**FL**

Zip Code  
**34224-9509**

☒ 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.

**2008036321812**  
**04/10/07--01025--024 \*\*\*428.75**

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

Date

REGISTERED AGENT MUST SIGN

**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
P	Michelle Mason	7220 Quarry St.	ENGLEWOOD, FL 34224-8792
S	Claire Callahan	201 Silver Lake Drive Unit 103	Venice, FL 34292-4531
T	Larry W Beers	8080 Casa De Meadows Drive	ENGLEWOOD, FL 34224-9509
D	Albert Wide	6601 Gasparilla Pines Blvd.	ENGLEWOOD, FL 34224-9534
D	Gary Miller	13551 Foresman Blvd	Port Charlotte, FL 33981-2228
D	Paul Hoppe	36 Medalist Place	Rotonda West, FL 33947-2167

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:

*Larry W Beers*

Larry W Beers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*3-29-07*

941-698-0642

Daytime Phone #