

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 724836

1. Corporation Name

~~Pinellas Park Rotary Club~~  
Rotary Club of Pinellas Park, Florida USA, Inc.  
GFW

2. Principal Office Address

None

3. Mailing Office Address

P.O. Box 206

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Pinellas Park, FL

Zip

Country

Zip

33780-0206

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

1954

5. FEI Number

23-7046309

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

CR2E081 (12/05)

FILED  
06 JUL -6 PM 3:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

98-06

7. Name and Address of Current Registered Agent

Name

Joanne Schaarschmidt

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

9170 42nd Street North

Suite, Apt. #, Etc.

City

Pinellas Park

State

FL

Zip Code

33782

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

*Joanne Schaarschmidt*

REGISTERED AGENT MUST SIGN

Date

5-25-06

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/D	Robert Miano	5683 Bayview Dr.	Seminole, FL 33772
VP/D	Karen Wornicki	180 79th St. So.	St. Petersburg, FL 33707
S/D	Joanne Schaarschmidt	9170 42nd Street North	Pinellas Park, FL 33782
T/D	Gerald Wennlund	5422 Baywater Dr.	Tampa, FL 33615
PP/D	Tom Stewart	225 Windward Island	Clearwater, FL 33767
600077349775 07/11/06--01040--013 **735.00			

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/18/06

Date

Daytime Phone #