

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
2006 DEC 12 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 725942

1. Corporation Name

Mount Dora Lions Club, Inc.

2. Principal Office Address

7177 Scott Ave

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

P.O. Box 131

City & State

Tangerine FL

City & State

Mount Dora, FL

Zip

32777

Country

Orange

Zip

32756

Country

Lake

4. Date Incorporated or Qualified
To Do Business in Florida

3/22/1939

5. FEI Number

59-6170030

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

MARY T Pezzo

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

7177 Scott Ave

Suite, Apt. #, Etc.

City

Tangerine

State

FL

Zip Code

32777

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

Mary T. Pezzo

REGISTERED AGENT MUST SIGN

Date Dec. 5, 2006

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	MARY T Pezzo	7177 Scott Ave PO Box 391	Tangerine, FL 32777
VP	Michele Victorelli	15636 Kezer Rd	Tavares, FL 32778
Sec.	Joann Bartell	5725 Oak St. PO Box 64	Tangerine, FL 32777
Treas	Paul Hathcox	752 East Rosewood Lane	Tavares, FL 32778

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.

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SIGNATURE:

Mary T Pezzo

MARY T PEZZO

12/5/06

735 9629

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #