

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF
TALLAHASSEE

12 DEC 31 PM 12:30

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 725978

1 Corporation Name Lions Club of Spring Hill, FL.

REINSTATEMENT 2012

2 Principal Office Address - No P.O. Box # 16700 Crested Angus Spring Hill, FL 34610
Suite, Apt. #, etc. None
City & State Spring Hill, FL.
Zip 34610 Country U.S.A.

3 Mailing Office Address ← SAME
Suite, Apt. #, etc. None
City & State ← Same
Zip ← Same Country ← Same

CR2E081 (11/10)

4 Date Incorporated or Qualified To Do Business in Florida 1967

5 FEI Number Applied For ☒ Not Applicable

6 CERTIFICATE OF STATUS DESIRED NO \$8.75 Additional Fee required for a Certificate of Status

7 Name and Address of Current Registered Agent
Name Marge Romscho
Street Address (P.O. Box Number is Not Acceptable) 8049 Floyd Street
Suite, Apt. #, Etc.
City Spring Hill, Fla. State FL Zip Code 34608

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12/31/12--01031--016 **236.25

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 Margaret Romscho Date Dec. 26, 2012
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
Pres.	Marge Romscho	8049 Floyd St.	Spring Hill, FL 34608
V. pres.	Belmeda Fernandes	16618 Cara Cara Ct.	Spring Hill, FL 34610
Treas.	J. Sylvia Butts	16700 Crested Angus Ln.	Spring Hill, FL 34610

DEC 31 2012

10 E-mail Address: None (To be used for future annual report notification) D. BUTLER

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: J. Sylvia Butts (treasurer) Date Dec. 26, 2012 Daytime Phone # 1-813-9963049