

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 DEC 13 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **735149**
1. Corporation Name
**THE OPTIMIST CLUB OF MIAMI SPRINGS,
FLORIDA, INC.**
W-28445

2. Principal Office Address 1101 WREN AVE		3. Mailing Office Address 1171 SWAN AVE.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FL.		City & State MIAMI, FL.	
Zip 33166	Country U.S.A. DADE	Zip 33166	Country DADE U.S.A.

REINSTATEMENT

09-00

4. Date Incorporated or Qualified To Do Business in Florida 3-4-76	SP
5. FEI Number 59-6155179	Applied For <input checked="" type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name CLARK P. RINEHART	700003509447-6
Street Address (P.O. Box Number is Not Acceptable) 1171 SWAN AVE.	-12/21/00 -01002-007 ****297.50 ****297.50
Suite, Apt. #, Etc.	
City MIAMI	State FL
	Zip Code 33166

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 **Clark P. Rinehart** Date **11-15-00**

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.	ROBBIE MARTIN (D)	13 S. ROYAL PINELAND BLVD.	MIAMI, FL. 33166
V.PRES.	KARL BITHORN (D)	6685 NW 40th ST	MIAMI, FL. 33166
TRES.	CLARK P. RINEHART (D)	1171 SWAN AVE MIAMI, FL.	MIAMI, FL. 33166
V.PRES.	BILL BAIN (D)	1067 MEADOW LARK	MIAMI, FL. 33166
SEC.	GEORGE LOB (D)	860 FLORENCE AVE	MIAMI, FL. 33166

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: **Clark P. Rinehart** Date **11-15-00** Daytime Phone # **305-968-0085**
305-637-9244

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR