## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPONATION REINBONE TENT	FLORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS	OF OCT -3 AH 10: 44
DOCUMENT # 738  1. Corporation Name	•	
Rotary Club of O	rlando South/Hunters Creek The	7000046293273
2. Principal Office Address  353/Coverfy/Ks 46  Suite, Apt. #, etc.	3. Mailing Office Address  Suite, Apt. #, etc.	7000046293273 -10/10/0101027017 ****122.50 ****122.50
3531 Country Lts Or	City & State	4. Date Incorporated or Qualified To Do Business in Florida 2/25/77
Or Imado, fl		5. FEI Number Applied For Not Applicable
Zip Country 32812 457	Zip Country	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
	7. Name and Address of Current Registe	ered Agent
Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #. Etc.		
City Or/mido	FZ	State Zip Code FL 328/2
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 2 - 16 - 0 / REGISTERED AGENT MUST SIGN		
9. Names and Street Addresses of Each Office	cer and/or Director (Florida nonprofit corporations must list at I	east 3 directors)
Titles Name of Officers and/or Dir	Street Address of Eac ectors Officer and/or Direct	UIV/State//D
Trea Elizabeth 41	ring 1600 Delmey	Ave Orlande, FL 32806
Sec Lisa Perr	y 30262 Aharins	10v Orlando, fc 32837
Dir Steve Ent	ON 1749 JANZEN	10 × Kissimmer fl 34744
Dir Harlene Mu	1724 8048 Sandpoin	bollud Ovlando, fc 32819
Dir Susan Blace	Kbura 232 Camino Re	Alct Orlando, fx 32837
		07,409
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 will in 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: 6/12 CONSTITUTE AND TYPED OR PROTECTION OF SIGNING OF S		



## Rotary Club Of Orlando South

3531 Country Lakes Dr. Orlando, FL 32812

February 16, 2001

Department of State
Division-of-Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Mrs. Harris:

Attached is a Corporation Reinstatement for our Rotary Club. Also enclosed is a check for \$122.50 for the year 2000 and the year 2001.

In a conversation with your office I was told that the reinstatement fee could we waived with just cause. Our failure to file was not deliberate but a series of changes in our club.

- A. Our club moved its meeting location.
- B. We changed our mailing address twice during this time frame..
- C. We changed officers twice during this time frame.

Thank you for your attention to this matter.

Sincerely,

Richard A. Baines Registered Agent