PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC 19 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 741901

1. Corporation Name

PORT ST. LUCIE EXCHANGE CLUB CHARITIES, INC.

Principal Place of Business	Mailing Address
PO BOX 7341 NA PORT ST LUCIE FL 34985 US	PO BOX 7341 NA PORT ST LUCIE FL 34985 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 96

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 03/07/1978

5. FEI Number: 59-2393232 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
~~DP~~ DV	~~FOLEY, DIANE~~ DEEMER, WALTER	~~336 SE TRANQUILLA AVE~~ 151 NE NARANJA AVE	~~PORT ST LUCIE FL~~ PORT ST. LUCIE, FL 34983
~~DV~~ DP	LLOYD, DEWETTA	1107 FLEETWOOD LN	FT PIERCE FL 34982
DT	~~KIRKBRIDE, LANCE~~ HESS, PAUL	~~642 SE STREAMLET AVE~~ 617 NE HORIZON LANE	PT ST. LUCIE FL 34983
DS	~~DELUDOS, CHERRI~~ JOHNSON, DEBORAH	~~2913 SE TILTON RD~~ 1945 S.W. MACEDO BLVD.	~~PORT ST LUCIE FL~~ PORT ST. LUCIE, FL 34984
D	BLANK, STEVEN	1544 SE FLORESTA DR	PT. ST. LUCIE FL 34983
			12-19-96

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
CARUANA, KATHRYN E. 2405 RIVER HAMMOCK LANE FT. PIERCE FL 34981	Name: DIANE FOLEY Street Address (P.O. Box Number is Not Acceptable): 336 SE TRANQUILLA AVE Suite, Apt. #, Etc. City: PORT ST. LUCIE State: FL Zip Code: 34983

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-12/24/96--01098--008
*****61.25

CR2E040 (7/96)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: [signature] Date: 10/23/96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

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*****175.00 *****175.00

(See other side for forms on intangible tax.)

12. 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 quality 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: M. Paul Hess Treas.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/96 (561) 878-2663
Date Daytime Phone #

0104797 FP