PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION Jim Smith FILED **FOR** Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 03 JUN - 6 AH II: 26 **DOCUMENT #** SECRETARY OF STATE ALL AHASSER FLORIDA 1. Corporation Name KIWANIS CLUB OF GREATER ORANGE PARK, INC. Principal Place of Business Mailing Address P.O. BOX 164 ORANGE PARK FL 32067 **ORANGE PARK FL 32067** reinstatement .2-03 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified
To Do Business in Florida 06/20/1978 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 59-2151333 City & State Not Applicable \$8.75 Additional Fee required for a Certificate of Status Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each and/or Directors Officer and/or Director ORREN, ROY H :1169-LAKE-AGBURY-DR= GREEN COVE SPRINGS FL 32043 DYSON, SHIRLEY 1130 CACTUS CUT RD MIDDLEBURG FL 32068 MIDDLEMAS, TODD 169-VANDERFORD ROAD WEST **ORANGE PARK FL 32073** Dutcher 6len 2978 Tuscarora Irail MiddleDurg COLEMAN, TIMOTHY 2864-BLACKBERRY AVE BELL, LILLIAN 720 CHRISTEN RD ORANGE PARK FL-32073* CREIGHTON ROAD 1913 CUTLASS RD DOUGLAS: ALOSA turlong 8. Name and Address of Current Registered Agent GRREN, ROY H 2851 MARION OT 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. or 617.0505, F.S. Signature of Registered Agent 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., 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.

P.O. BOX 164

City & State

Zip _

Title(s)

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VP