PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT (OCTOBER)

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV 26 AM 9:20

DOCUMENT # 747703

1. Corporation Name

KIWANIS CLUB OF ST. JAMES CITY, FLORIDA, INC.

Principal Place of Business	Mailing Address
8150 STRINGFELLOW RD PO BOX 111 ST. JAMES CITY FL 33956	8150 STRINGFELLOW RD PO BOX 111 ST. JAMES CITY FL 33956

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 06/18/1979

5. FEI Number: 59-2372860 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	~~BOHME, CHRIS~~ Schuetz, Paula	~~5404 MARINA DR~~ 5511 Pine Island Rd.	BOKEELIA FL 33922
VP	~~MALE, ANDRE~~ Eckenroad, Paul	~~3235 SW 7TH LN~~ 5440 Pine Creek Lane	~~CAPE CORAL FL 33991~~ Bokeelia FL 33922
T	DAHLBERT, DALE	4974 NEEDLEFISH LANE	ST JAMES CITY FL
D	SHEVLIN, MIKE	P.O. BOX 488 N/A	MATLACHA FL 33956
D	~~PUTMAN, TOM~~ Timothy, Thomas	~~P.O. BOX 722 N/A~~ 5020 Island Acres Ct.	ST. JAMES FL 33956
S	~~STEAENS, ELSIE~~ Stearns, Elsie	~~8787 KUDEAH CT~~ 8787 Kodiak Ct	SAINT JAMES CITY FL 33956

8. Name and Address of Current Registered Agent

JOHNSON, KARL L
2701 CLEVELAND AVE., SUITE 10
FT MYERS FL 33901

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City | State: FL | Zip Code

900004717349--8
-12/10/01--01106--017
*****61.25 *****61.25

CR2E040 (8/01)

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 REQUIRED Date: 12/10

REGISTERED AGENT MUST SIGN

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.

SIGNATURE: SIGNATURE REQUIRED Paula Schuetz 11-13-01 941-283-3333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Kiwanis Club of St. James City, Florida, Inc.
P.O. Box 111
St. James City, FL 33956

November 13, 2001

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: Kiwanis Club of St. James City, Florida, Inc.
Document #747703
FEI Number: 59-2372860

Dear Sirs:

Enclosed is our Application for Reinstatement.

We originally mailed our check #1102 in the amount of $61.25 to your office on September 17, 2001. Apparently our check and application for renewal did not reach your office.

We are therefore enclosing another check in the amount of $61.25 and the Application for Reinstatement and request that you reinstate our corporation.

Thank you.

Sincerely,

Paula J. Schuetz
President

PJS:s

Encl.