

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 AUG 24 PM 3:21

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 752778

1. Corporation Name

Rotary Club of Fort Pierce, Inc.

2. Principal Office Address

607 North 7th St

3. Mailing Office Address

607 North 7th St

Suite, Apt. #, etc.

Suite 1

Suite, Apt. #, etc.

Suite 1

City & State

Fort Pierce, FL

City & State

Fort Pierce, FL

Zip

34950

Country

USA

Zip

34950

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6-3-85

5. FEI Number

59-6209585

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Joey Trefelner

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

332 Palms Ave

Suite, Apt. #, Etc.

City

Ft Pierce

State

FL

Zip Code

34982

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 8-10-06

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
PD	Joey Trefelner	332 Palms Ave	Ft Pierce FL 34982
D	Douglas Davis	2201 Atlantic Beach Blvd	Ft Pierce FL 34949
VP	Camille Yates	719 Georgia Ave	Ft Pierce FL 34950
SD	Doris Blair	7502 Eden Rd	Ft Pierce FL 34951

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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 contained in Chapter 119, 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]

Joey Trefelner, President

8-10-06

772-460-2725

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

B. Mitchell AUG 24 2006