

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

97 JUN -9 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **758477**

1. Corporation Name

CORAL SPRINGS LIONS CLUB, INC.
P.O. Box 8534
Coral Springs, FL 33075

Principal Place of Business

Mailing Address

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

REINSTATEMENT 93-97

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12-11-80

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

23-7143071

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
D/P	Stevic, Natale A.	9105 NW 38th Drive	Coral Springs, FL 33065
D/S	O'Toole, John J.	2846 NW 118th Drive	Coral Springs, FL 33065
D/T	Dawson, Robert S.	8532 NW 27th Drive	Coral Springs, FL 33065

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-06/11/97-01072-009

****481.25 ****481.25

Robert S. Dawson

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Dawson, Robert S.
8532 NW 27th Drive
Coral Springs, FL 33065

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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 **Robert S. Dawson**

Robert S. Dawson
REGISTERED AGENT MUST SIGN

Date **6-3-97**

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

(See other side for information
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 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.

Robert S. Dawson, D/T

SIGNATURE:

Robert S. Dawson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-3-97
Date

954-752-0854
Daytime Phone #

CR2E040 (12/95)