

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 FEB -8 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 762667

1. Corporation Name

KIWANIS CLUB OF THE TRAILS, INC

2. Principal Office Address

131 EXECUTIVE CIRCLE

3. Mailing Office Address

131 EXECUTIVE CIRCLE

Suite, Apt. #, etc.

SUITE B

Suite, Apt. #, etc.

SUITE B

City & State

DAYTONA BCH FL

City & State

DAYTONA BCH FL

Zip

32114-1180

Country

FLORIDA

Zip

32114-1180

Country

FLORIDA

4. Date Incorporated or Qualified
To Do Business in Florida

03/30/1982

5. FEI Number

59-2166728

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

PAULA M. GREGORY

REINSTATEMENT 95-00

TS

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

131 EXECUTIVE CIRCLE, STE B

Suite, Apt. #, Etc.

City

DAYTONA BEACH

100003136561-1

-02/16/00--01005--126

***503.75 ***608.75

State

FL

Zip Code

32114-1180

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

Paula M. Gregory

REGISTERED AGENT MUST SIGN

Date 2/8/00

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
P	FRED BAUGHMAN	22 S BEACH ST	ORMOND BCH, FL 32174
VP	BOB LUDLOW	160 N NOVA RD	ORMOND BCH, FL 32174
S	LORENDA VOLKER	22 S BEACH ST	ORMOND BCH, FL 32174
T	PAULA M. GREGORY	131 EXECUTIVE CIR # B	DAYTONA BCH, FL 32114-1180
D	SUSAN GLASS	346 S PALMETTO AVE	DAYTONA BCH, FL 32114-4920
D	FRED BARNEY	533 N NOVA RD # 214	ORMOND BCH, FL 32174

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 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.

PAULA M. GREGORY, TREASURER

SIGNATURE:

Paula M. Gregory, Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/200

Date

904-257-7001

Daytime Phone #

CR2E081 (9/99)