

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**

Suite, Apt. #, etc.

**SUITE B**

City & State

**DAYTONA BCH FL**

Zip

**32114-1180**

Country

**VOLUSIA**

3. Mailing Office Address

**131 EXECUTIVE CIRCLE**

Suite, Apt. #, etc.

**SUITE B**

City & State

**DAYTONA BCH FL**

Zip

**32114-1180**

Country

**VOLUSIA**

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**

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

**131 EXECUTIVE CIRCLE, STE B**

Suite, Apt. #, Etc.

City

**DAYTONA BEACH**

**REINSTATEMENT 95-00**

**T8**

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 #