

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

98 DEC -1 PM 4:12

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 763374

1. Corporation Name
 DISTRICT 697 FOUNDATION OF ROTARY INC.

Principal Place of Business Mailing Address
 4010 NW 25 PLACE P O BOX 13442
 GAINESVILLE, FL 32606 GAINESVILLE, FL 32604

REINSTATEMENT 96-58

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/20/1982	
City & State		City & State		5. FEI Number	
Zip		Country		59-2319085	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	YORK, E. T. JR.	4020 SW 78 STREET	GAINESVILLE, FL 32608-3608
STD	PATRICK, HOWARD W.	4205 NW 23 AVENUE	GAINESVILLE FL 32605-1679
VPD	SHORE, MELANIE	5206 NW 47 LANE	GAINESVILLE, FL 32606
			100002706211-5
			-12/08/98-01057-009
			***358.75 ***358.75

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
YORK, E. T. JR. 4020 SW 78 STREET GAINESVILLE, FL 32608-3608		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL	

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 E. T. York Jr. Date _____
 REGISTERED AGENT MUST SIGN

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.

SIGNATURE: Howard W Patrick Howard W Patrick 12-1-98 (352) 372-6300
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E048 (12/86)