

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 JUN 15 AM 11:12

DATE
FLORIDA

DOCUMENT #

1. Corporation Name

Largo Rotary Club, Inc.

Document #764389

2. Principal Office Address

12933 Walsingham Road

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Largo

City & State

Zip

33774

Country

USA

Zip

Country

REINSTATEMENT 03-05

4. Date Incorporated or Qualified
To Do Business in Florida

08/02/82

5. FEI Number

59-6153462

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

Scott T Loden, CPA

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

5982 31st Avenue N

Suite, Apt. #, Etc.

City

St Petersburg

State

FL

Zip Code

33710

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

REGISTERED AGENT MUST SIGN

Date

6/10/05

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	James Mccurtain	PO Box 578	Largo, Florida 34649
VPD	Woody Brown	422 West Bay Drive	Largo, Florida 33770
T	Gigi Arntzen	PO Box 578	Largo, Florida 34649
S	Linda Flower	PO Box 578	Largo, Florida 34649
D	Avril Osburn	855 Fountain Head Drive	Largo, Florida 33770
D	Al Comey	10225 Ulmerton Road	Largo, Florida 33771

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/10/05

Daytime Phone #

727-596-2323

CR2E081 (01/05)

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