

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 765014

1. Corporation Name

KIWANIS CLUB OF GULF COAST FOUNDATION, INC.

Principal Place of Business

Mailing Address

3936 Breezemont Drive
Sarasota, FL 34232

3936 Breezemont Drive
Sarasota, FL 34232

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

September 15, 1982

5. FEI Number

59-2288747

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

See 7th Edition of Instructions
for a Certificate of Status

DO NOT WRITE IN THIS SPACE

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100002974681-4

-08/31/99--01051--010

***717.50 ***358.75

REINSTATEMENT 97-99

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
Chm	Kermit Turner	4127 Bahia Vista Court	Sarasota, FL 34232
P/D	Joe Schifano	3840 Bellwood Drive	Sarasota, FL 34232
T/D	Keith Pittenger	1605 Main Street	Sarasota, FL 34236
S/D	Ken Bailey	1387 Harbor Drive	Sarasota, FL 34239
D/D	James Lanier, II	2052 Hansen Street	Sarasota, FL 34231

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

J. Kevin Drake, P.A.

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

1432 First Street

Suite, Apt. #, Etc.

Suite C

City

Sarasota

State

FL

Zip Code

34236

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

REGISTERED AGENT MUST SIGN

Date

6/1/99

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Joseph Schifano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/99

Date

941-377-8434

Daytime Phone #

CR25040 (8/95)