

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**

1997 SEP 18 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 768723

1. Corporation Name **Rotary Club Of Pompano Beach
Lighthouse Point, FL USA, Inc.**

Principal Place of Business Mailing Address
**4071 N Dixie Highway
Pompano Beach, FL 33064**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
4071 N Dixie Highway
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
4071 N Dixie Highway
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida **6-2-83**

City & State
Pompano Beach, FL

City & State
Pompano Beach, FL

Zip Country
33064 Broward

Zip Country
33064 Broward

5. FEI Number **59-2299269** Applied For
Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐ \$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
PD	Larry Mellgren	5400 N Ocean Blvd #32	Ft Lauderdale, FL 33308
SD	Robert L Jarrett	2448 NE 26th Avenue	Lighthouse Point, FL 33064
D	RICHARD BEMENT	1401 S.Ocean Blvd.#1009	Pompano Beach, FL 33062

REINSTATEMENT

**400002299804--7
-09/22/97--01119--007**

8. Name and Address of Current Registered Agent

**Kerry McNamara
3320 N Federal Highway
Lighthouse Point, FL 33064**

9. Name and Address of New Registered Agent

Name **Gregg Gilbert**
Street Address (P.O. Box Number is Not Acceptable)
4071 N Dixie Highway
Suite, Apt. #, Etc.
City **Pompano Beach, FL** State **FL** Zip Code **33064**

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 **[Signature]**
REGISTERED AGENT MUST SIGN

Date **9/2/97**

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:

ROBERT L. JARRETT
Robert L. Jarrett - Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-2-97

Date

954-783-8249

Daytime Phone #