

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION -
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

15 APR 24 AM 9:25
RECEIVED
FLORIDA DEPARTMENT OF STATE

DOCUMENT # N00000002676

1. Corporation Name
**Building Association of Auburndale
Lions Club, Inc.**

2. Principal Office Address - No P.O. Box #
226 Bennett Street

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Auburndale

City & State

City & State

Auburndale FL

Zip Country
33823 USA

Zip Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida **4-17-2000**

5. FEI Number
91-2091888

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

Name and Address of Current Registered Agent

Name **R Joel Childs**
2815 Kimberly Lane
Street Address (P.O. Box Number is Not Acceptable)
Aub FL 33823
Suite, Apt. #, Etc.

MOORE Plumbing 920@gmail.com

City State Zip Code
FL

800272210458
04/24/15--01042--004 **358.75

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

R Joel Childs

REGISTERED AGENT MUST SIGN

Date **4-17-15**

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	Gene Anderson	141 Kinetic Ave.	Auburndale FL 33823
VP	Wanda S. Wiggs	824 Lafayette Lane	Lakeland FL 33805
T	R. Joel Childs	2815 Kimberly Lane	Auburndale FL 33823
REINSTATEMENT			APR 24 2015
			R. HUNT

10. E-mail Address: **mooreplumbing920@gmail.com**
(To be used for future annual report notification)

11. 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. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

R. Hunt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-15

Date

Daytime Phone #