


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # ND1198
1. Corporation Name
Rotary Club of Dania, Inc

2. Principal Office Address <u>P.O. Box 536</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>P.O. Box 536</u> Suite, Apt. #, etc.	
City & State <u>DANIA BEACH, FL</u>		City & State <u>DANIA BEACH, FL</u>	
Zip <u>33004</u>	Country <u>USA</u>	Zip <u>33004</u>	Country <u>USA</u>

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 59-6141157 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 TIM RYAN

Street Address (P.O. Box Number is Not Acceptable)
700 E. DANIA BEACH BLVD.

Suite, Apt. #, Etc. 800059198748

City DANIA BEACH, State FL Zip Code 33004

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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 [Signature] Date 8/19/05

REGISTERED AGENT MUST SIGN

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	KATE GASKILL	2275 SW 45TH ST	FT. LAUDERDALE, FL 33312
VP	JACKIE PROUDFOOT	501 E. DANIA BCH BLVD #3M	DANIA BCH, FL 33004
S	JEFF HAUSER	7318 SOUTHGATE BLVD	N. LAUDERDALE, FL 33068
T	MARCI WEST	1504 WHITEALL DR. #301	FT. LAUDERDALE, FL 33324

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] KATE GASKILL (954)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 8/19/05 Daytime Phone # 445-2604

CR2E081 (01/05)