

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 APR 29 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000000027

1. Corporation Name

OSCEOLA COUNTY ROTARY CLUBS

2. Principal Office Address - No P.O. Box #

231 N JOHN YOUNG PKY

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KISSIMMEE FL

City & State

Zip

Country

Zip

Country

34741

USA

800178921518
04/29/10--01033--013 **481.25

REINSTATEMENT

06-10

4. Date incorporated or Qualified
To Do Business in Florida

01/02/2003

5. FEI Number

20-0234839

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

PETER FREULER JR

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

231 N JOHN YOUNG PKY

Suite, Apt. #, Etc

City

KISSIMMEE

State

FL

Zip Code

34741

PROFIT CORPORATIONS ONLY

☒ The \$600.00 reinstatement fee is imposed,
except in circumstances which the entity did
not receive the prior notices. By checking
this box, you are certifying the prior
notices were not received and requesting
the reinstatement fee be waived.

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 4/25/10

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	JAMES WESTON	2392 WINDWARD COVE	KISSIMMEE FL 34746
SEC	MARC SHUCK	2721 RUNYON CIR	ORLANDO KISSIMMEE FL 32837
T	PETER FREULER JR	231 N JOHN YOUNG PKY	KISSIMMEE FL 34741
		4/30	

10. E-mail Address:

pfreuler@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., 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.

SIGNATURE:

[Signature]

4/25/10

407-847-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #