

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 SEP 26 PM 3:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N03000000079**

1. Corporation Name

**STUART-SUNRISE ROTARY CHARITABLE  
FOUNDATION, INC.**

2. Principal Office Address

**1000 SE MONTEREY COMMONS**

Suite, Apt. #, etc.

**101**

City & State

**STUART, FL**

Zip

**34996**

Country

**USA**

3. Mailing Office Address

**1000 SE MONTEREY COMMONS**

Suite, Apt. #, etc.

**101**

City & State

**STUART, FL**

Zip

**34996**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**01/02/03**

5. FEI Number

**55-0814389**

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

**JOHN J. FEDOREK**

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

**610 MILL BARTH KING, 1000 SE MONTEREY COMMONS BLVD.**

Suite, Apt. #, Etc.

**101**

City

**STUART**

State

**FL**

Zip Code

**34996**

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

*John J. Fedorek*

REGISTERED AGENT MUST SIGN

**300080100079**  
09/26/06--010867076  
Date **9/7/06** \*\*367.50

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
<b>P</b>	<b>DAVID SHOAF</b>	<b>3142 SE INDIAN WELLS PL</b>	<b>STUART, FL 34997</b>
<b>VP</b>	<b>ROBERT COOMBS</b>	<b>588 NE MARANTA TERRADO</b>	<b>JENSEN BEACH, FL 34957</b>
<b>T</b>	<b>JOHN FEDOREK</b>	<b>1277 SW JASMINE TRACE</b>	<b>PALM CITY, FL 34990</b>
<b>D</b>	<b>JOHN NALEZNY</b>	<b>1238 SW EAGLE GLEN PL</b>	<b>STUART, FL 34997</b>
<b>D</b>	<b>CYRIL BUCKLEY</b>	<b>2310 SW WHITEMARSH WAY</b>	<b>PALM CITY, FL 34990</b>
<b>D</b>	<b>ROSS SORBELLO</b>	<b>8872 SW GALARDIA COURT</b>	<b>STUART, FL 34997</b>
<b>D</b>	<b>BILL TOZZO</b>	<b>5192 SW BIMINI CIRCLE N</b>	<b>PALM CITY, FL 34997</b>
<b>D</b>	<b>EDWIN TAYLOR</b>	<b>2431 SW BROOKWOOD LANE</b>	<b>PALM CITY, FL 34990</b>
<b>D</b>	<b>DAVID WALKER</b>	<b>2361 SW STARLING DRIVE</b>	<b>PALM CITY, FL 34990</b>

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 contained in Chapter 119, 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:

*David Shoaf*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/7/06 (772) 287-4480**

Date

Daytime Phone #