

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 JUN -3 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N03000000813**

1. Corporation Name

THE FLORAL CITY LIONS FOUNDATION, INC.

500208448795
06/03/11--01039--002 **297.50

CR2B081 (11/10)

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

6865 S. BAKER ST.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 4

Suite, Apt. #, etc.

City & State

FLORAL City, FL.

City & State

FLORAL City, FL.

Zip Country

34436 CITRUS

Zip Country

34436 CITRUS

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☐ 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 **HERBERT E. KEESLING**

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

6865 S. BAKER AVE

Suite, Apt. #, Etc.

City **FLORAL City**

State **FL**

Zip Code **34436**

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 **Herbert E. Keesling**

REGISTERED AGENT MUST SIGN

Date **5-31-11**

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
PD	MORNINGSTAR, SYLVIA	7664 W.C. 48	BUSHWELL F/ 33513
D	KEESLING, HERBERT E.	6865 S. BAKER ST.	FLORAL City F/ 34436
D	CLARK, ROGER	8855 E. WHALEN RD	FLORAL City F/ 34436
T	KEESLING, BETTY	6865 S. BAKER ST.	FLORAL City F/ 34436
VP	SMITH, GLENN	11482 S. FLA. AVE	FLORAL City F/ 34436

10. E-mail Address:

(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: **Sylvia Morningstar**