

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

11 OCT 19 AM 9:20

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N05000005271**

1. Corporation Name

**The Port St. Lucie Lions Foundation Inc**

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

**610 NW Marion Ave**

Suite, Apt. #, etc.

3. Mailing Office Address

**610 NW Marion Ave**

Suite, Apt. #, etc.

City & State

**Port St. Lucie**

City & State

**Florida**

Zip

**34983**

Country

**USA**

Zip

Country

**100213464561**  
10/19/11--01028--002 \*\*236.25

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

**Sep 19, 2005**

5. FEI Number  
**20-2945633**

☐ 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

**c/o Jacqueline Hull**

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

**610 NW Marion Ave**

Suite, Apt. #, Etc.

City

**Port St. Lucie, FL**

State

**FL**

Zip Code

**34983**

**REINSTATEMENT**

*10/10/11*

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

*Jacqueline Hull*

REGISTERED AGENT MUST SIGN

Date **Oct 10, 2011**

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	Juliet Cozier	279 NW N.Macedo Blvd	port st lucie, FL 34983
SD	JACQUELINE HULL	610 NW MARION AVE	port st lucie, FL 34983
VPD	DORIS HOLLINS	1792 SW COCHRAN ST	port st lucie, FL 34953
TD	CARL HOLLINS	1792 SW COCHRAN ST	port st lucie, FL 34953
D	JOHN DELLAVEDOVA	102 SW MAJESTIC TER	port st lucie, FL 34984
D	RALPH BAPTISTE	3904 DARMOUTH ST	port st lucie, FL 34953

10. E-mail Address: **cwholli@att.net**

(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:

*Carl W. Hollins*

*Carl W. Hollins*

*10/10/11 772-879-9676*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #