PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUN -9 PM 12:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N05581

1. Corporation Name

ROTARY CLUB OF EAU GALLIE, FLORIDA, INCORPORATED

REINSTATEMENT 03-04

600023443686
03/04/04--01016--011 **236.25

Principal Place of Business	Mailing Address
684 N. HARBOR CITY BLVD MELBOURNE FL 32935 US	P O BOX 360501 MELBOURNE FL 32936-7501 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 10/10/1984

5. FEI Number: 59-2590472 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
~~P~~ S	~~ROBINSON, WALTER~~ RANDALL BRUNGART	~~3005-5 CLEARLAKE DRIVE~~ 140 PARK AVENUE	~~MELBOURNE FL 32935~~ SATELLITE BEACH, FL 32937
~~P~~ D	MICHAUD, ROBERT	6489 SHERIDAN ROAD	MELBOURNE FL 32904
T	ROURK, JOHN	400 S RAMONA AVENUE	INDIALANTIC FL 32943
D	DURNEY, PAUL DR	1770 SHOREVIEW DR	INDIALANTIC FL 32903
D	LAUGHLIN, BRIAN	4902 ERIN LANE	MELBOURNE FL 32940
~~D~~ P	~~DHOTRE, CHAD~~ PHYLLIS RICE STRAWBRIDGE	~~1004 CEDAR LAKE~~ 647 GREENWOOD MANOR CIRCLE	~~MELBOURNE BEACH FL 32951~~ W. MELBOURNE, FL 32904

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
MICHAUD, ROBERT 6489 SHERIDAN ROAD MELBOURNE FL 32-9045	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (7/03)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: Robert Michaud — Date: 2/14/04
REGISTERED AGENT MUST SIGN

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 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 — 2/14/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #