

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 FEB -4 AM 9:18

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06000008638

1. Corporation Name

Treasure Coast Rotary Club Of Vero Beach Foundation, Inc.

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

2855 Ocean Drive

Suite, Apt. #, etc.

Suite C5

City & State

Vero Beach, FL

Zip

32963

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 12-13

CR2E081 (11/10)

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

Debrah J. Agnello

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

2855 Ocean Drive

Suite, Apt. #, Etc.

Suite C5

City

Vero Beach

State

FL

Zip Code

32963

FEB 06 2013

T. CAULEY

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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

DEBRAH J. AGNELLO

Date January 15, 2013

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	Debrah J. Agnello	2855 Ocean Drive, Suite C5	Vero Beach, FL 32963
VP	John Everhart	6935 30th Square, Unit 102	Vero Beach, FL 32966
S	Mary Beth Mazzarella	44 Vista Gardens Trail, #204	Vero Beach, FL 32962
T	Noel A. Hoover	2855 Ocean Drive, Suite C5	Vero Beach, FL 32963
D	Edward E. Smith	1342 Riverside Lane	Vero Beach, FL 32963

10. E-mail Address: dagne01@eanelahoover.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., 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/2013

772-226-5255

Date

Daytime Phone #