

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC 27 AM 7:55

SECRET  
TALLAHASSEE, FLORIDA

DOCUMENT # **N08522**

1. Corporation Name

**KIWANIS CLUB OF BRADENTON-SUNRISE, INC.**

Principal Place of Business

C/O SUNRISE KIWANIS  
P O BOX 1697  
BRADENTON FL 34206

Mailing Address

C/O SUNRISE KIWANIS  
P O BOX 1697  
BRADENTON FL 34206



REINSTATEMENT 02

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/04/1985

5. FEI Number

NOT APPLICABLE

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	QUESENBERRY, STEVE	5901 35TH AVENUE WEST	BRADENTON FL 34209
TD	ROBERGE, ROGER	4913 29TH AVE DR W	BRADENTON FL
D	PFINGSTEN, ROSS	9526 59TH AVENUE EAST	BRADENTON FL 34202
SD	GAUDIO, RON	206 2ND STREET EAST	BRADENTON FL 34208

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8. Name and Address of Current Registered Agent

ROBERGE, ROGER  
5716 1ST AVE W  
BRADENTON FL 34209

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

Dec 15, 2002

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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Dec 15, 2002  
941-792-2491

CR2E040 (8/02)