

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 MAY 24 PM 2: 52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *N19600*

1. Corporation Name  
*KIWANIS CLUB OF GOLDEN GATE  
NAPLES, FLORIDA, INC.*

2. Principal Office Address  
*PO Box 990207*

Suite, Apt. #, etc.

City & State  
*NAPLES, FL*

Zip Country  
*34116 USA*

3. Mailing Office Address  
*PO Box 990207*

Suite, Apt. #, etc.

City & State  
*NAPLES FL*

Zip Country  
*34116 USA*

300037055159  
05/24/04--01097--005 \*\*297.50

*03-04*

4. Date Incorporated or Qualified To Do Business in Florida  
*3/9/87*

5. FEI Number  
*59-6208742*

Applied For  
 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  
*MR SCOTT B BENNETT*

Street Address (P.O. Box Number is Not Acceptable)  
*480 HENLEY DRIVE*

Suite, Apt. #, Etc.

City  
*NAPLES*

State  
**FL**

Zip Code  
*34104*

**REINSTATEMENT**

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  
*Scott Bennett*

REGISTERED AGENT MUST SIGN

Date  
*5/19/04*

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	FAYE NEWBOWER	179 BURNT PINE DR	NAPLES FL 34119
S	GENEVA TILL	4186 27TH CT #105	NAPLES FL 34116
V	RUTH RHODES	7145 DENNIS CIRCLE	NAPLES FL 34104
T	SCOTT BENNETT	480 HENLEY DRIVE	NAPLES FL 34104
D	CHERYL NEWMAN	5101 3155 AVE SW	NAPLES FL 34170
D	FLO LEWELLYN	3705 17TH AVE SW	NAPLES FL 34117
D	CAROL BETTINGER	7845 SAND PINE CT #4	NAPLES FL 34104

10. 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: *SCOTT B BENNETT* TREAS.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date  
*5/19/04*

Daytime Phone #  
*739-352-2741*

CR2E081 (01/04)

*15*