

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N22264

1. Corporation Name

SATELLITE BEACH LIONS CLUB, INC.

Principal Place of Business

%KENNETH N. JACOBY, PA  
1423 SOUTH PATRICK DRIVE  
INDIAN HARBOUR BEACH FL 32937

Mailing Address

P.O. BOX 372610  
1423 SOUTH PATRICK DRIVE  
SATELLITE BEACH FL 32937  
US

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

08/27/1987

5. FEI Number

59-2996902

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VPD	Marian Casaway	106 N. Osceola Drive	Indian Harbour Bch FL 32937
S	Arlene Pike	106 Christine Circle	Satellite Beach FL 32937
PD	CARR, BARBARA	2198 ROCKWELL DR	MELBOURNE FL
VPD	COCHIE, STEVE	415 LEE STREET	SATELLITE BCH FL
T	Donald Pike	106 Christine Circle	Satellite Beach, FL 32937
VPD	JENKINS, MYRNA	564 GRANT AVE	SATELLITE BEACH FL 32937

8. Name and Address of Current Registered Agent

JACOBY, KENNETH N.  
1423 SOUTH PATRICK DRIVE  
INDIANA HARBOUR BEACH FL 32937

9. Name and Address of New Registered Agent

Name  
Street Address (If Different From Above, Not Acceptable)  
Suite, Apt. #, Etc.  
City

REINSTATEMENT 99-1 TS  
200003035572-9  
-11/04/99--01095--001  
\*\*\*236.25 State \*\*\*236.25  
FL

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.

Signature of  
Registered Agent

*Kenneth N. Jacoby*  
REGISTERED AGENT MUST SIGN

REQUIRED

Date

10-13-99

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:

*Barbara B. Carr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/10/99 242-5808

FILED

99 OCT 28 AM 10:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

