

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N25270

1. Corporation Name

**College Park Lions Club, Inc.**

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

1782 Fairview Shores Dr.

3. Mailing Office Address

1782 Fairview Shores Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Box 6

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32804

Country

US

Zip

32804

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

08/26/1994

5. FEI Number

592232557

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

Joan M. Christensen

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

1173 Howell Creek Drive

Suite, Apt. #, Etc.

City

Winter Springs

State

FL

Zip Code

32708

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date 03/30/07

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	Joan M. Christensen	1173 Howell Creek Drive	Winter Springs, FL 32708
VP	Nickolis Francisco	2431 Princess Carol Ct.	Orlando, FL 32804
S	Don Spacht	48 E. Par Street	Orlando, FL 32804
T	Lori A. Warren	933 Sherrington	Orlando, FL 32804
			800106328448 07/18/07--01017--010 **8.75
			800106328448 07/18/07--01017--011 **1065.00

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 contained in Chapter 119, 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

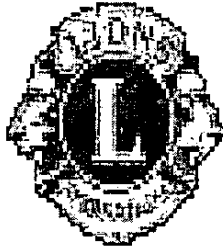
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/30/07

Date

407 695 0737

Daytime Phone #



**College Park Lion's Club  
1782 Fairview Shores Dr.  
Orlando, FL 32804  
321-274-3045**

**Joan Christensen, President**

**Nicholas Francisco, Vice President**

July 13, 2007

Florida Department of State  
Division of Corporations  
PO 6327  
Tallahassee, FL 32314

RE: Document Number N25270  
FEI Number 592232557

To Whom It May Concern:

Pursuant to our conversation regarding reinstatement of our inactive non-profit corporation, due to an improper forward of US mailing noticed after a audit by our newly elected Secretary and Treasurer, please find enclosed payment for reinstatement and additional for a certificate of status. Please do not hesitate to contact us should you have any additional questions or concerns.

Thanks,

*Joan M. Christensen*

Joan Christensen  
President