

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N36781

1. Corporation Name

KIWANIS CLUB OF WILLISTON, INC.

Principal Place of Business

Mailing Address

2351 SE 152 AVE
MORRISTON FL 32668
US

2351 SE 152 AVE
MORRISTON FL 32668
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DT	GACHELL, PHILLES	512 SE 5TH STREET	WILLISTON FL 32696
D	GREENE, BEN	RT 1 BOX 632 NA 4750 SE 160 th Ave	MORRISTON FL 32668
DS	MIKELL, RUDOLPH	RT 2 BOX 298 C-24 2351 SE 152 Ave	MORRISTON FL 32668
D	GREENE, REBA	RT 1 BOX 632 NA 4750 SE 160 th Ave.	MORRISTON FL 32668
D	GLASS, TED	RTE 3 BOX 1100 18690 NE 61 st Lane	WILLISTON FL 32696
Dip	CRABTREE, LAMAR	RT 4 BOX 310 951 SE 185 th Terr	WILLISTON FL 32696

8. Name and Address of Current Registered Agent

MIKELL, RUDOLPH
2351 SE 152 AVE
MORRISTON FL 32668

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

700002703327--6

-12/04/98 State 01208 Code 019

****238.EE ****236.25

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

Rudolph Mikell
REGISTERED AGENT MUST SIGN

Date 11-24-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

11-23-98
(See other side for information
on Intangible tax.)

12. 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)(l), 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:

Dina H. Hester
REGISTERED AGENT MUST SIGN

11-24-98 352-528-3151
Date Daytime Phone #



REINSTATEMENT

98

4. Date Incorporated or Qualified
To Do Business in Florida

02/22/1990

5. FEI Number

59-2708854

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR20040 (8/98)