

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N38225

FILED  
Oct 29, 2008  
Secretary of State

**Entity Name:** OPTIMIST CLUB OF BONITA SPRINGS, INC.

**Current Principal Place of Business:**

11811 IMPERIAL PINES WAY  
BONITA SPRINGS, FL 34135 US

**New Principal Place of Business:**

**Current Mailing Address:**

11811 IMPERIAL PINES WAY  
BONITA SPRINGS, FL 34135 US

**New Mailing Address:**

**FEI Number:** 65-0182128 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

CORBIN, STEVE M  
11811 IMPERIAL PINES WAY  
BONITA SPRINGS, FL 34135 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: STEVE CORBIN

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MORRIS, BETH  
Address: 27233 JOLLY ROGER LN  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D ( ) Delete  
Name: WES NORRIS,  
Address: 27233 JOLLY ROGER LN  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: STD ( ) Delete  
Name: CORBIN, STEVE  
Address: 11811 IMPERIAL PINES WAY  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D ( ) Delete  
Name: SHIELDS, FRANK  
Address: 27431 POLLARD DRIVE  
City-St-Zip: BONITA SPRINGS, FL 33923

Title: D ( ) Delete  
Name: SHIELDS, BERNICE  
Address: 27431 POLLARD DRIVE  
City-St-Zip: BONITA SPRINGS, FL 33923

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: SCHMITT, DAVID  
Address: 11031 ORANGEWOOD DR  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVE CORBIN

STD

10/29/2008

Electronic Signature of Signing Officer or Director

Date