

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N38369

1. Corporation Name

THE PALM HARBOR OPTIMIST CLUB, INC.

Principal Place of Business

C/O DONNA MEYER ~~CONNIE FIELDS~~
~~P.O. BOX 2204~~ 1021 15th ST
PALM HARBOR FL 34683
34683

Mailing Address

C/O CONNIE FIELDS
~~P.O. BOX 2204~~ 1021 15th ST
PALM HARBOR FL 34683
34683

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

2. New Principal Office Address, If Applicable

CONNIE A. FIELDS
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

CONNIE A. FIELDS
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

05/29/1990

5. FEI Number

59-3112753

Applied For

Not Applicable

City & State

City & State

Palm Harbor, FL 34683

Zip

Country

Zip

Country

34683 USA

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
PD VD	MEYER, DONNA	760 SOUNDVIEW DRIVE	PALM HARBOR FL 34683
VD	WOLERAM, MARY	744 DENN AVE.	PALM HARBOR FL 34683
VD PD	FIELDS, CONNIE	1021 15TH AVE.	PALM HARBOR FL 34683
5TD	GLENN W. ERICKSON	305 LENNOX Rd. W.	Palm Harbor, FL 34683

8. Name and Address of Current Registered Agent

FIELDS, CONNIE
1021 15TH ST
PALM HARBOR FL 34683

9. Name and Address of New Registered Agent

Name

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

700020681987

Suite, Apt. #, Etc.

06/09/03--01059--001 ***236.25

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Connie A. Fields
REGISTERED AGENT MUST SIGN

Date 6-4-03

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:

Connie A. Fields
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-4-03

Date

727-785-0371

Daytime Phone #

FILED

03 JUN -9 11:10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 02-03

CR2E040 (8/02)