

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 JUL -1 AM 10:56

**DOCUMENT # N40202**

1. Corporation Name

High Springs Rotary Club, Inc.

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

25 NE 1st Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 1462

Suite, Apt. #, etc.

City & State

High Springs, FL

City & State

High Springs, FL

Zip

32643

Country

USA

Zip

32655

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida 1926

5. FEI Number  
59-6153584

☐ 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

Ernest L. Adkins

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

7184 SW CR 239A

Suite, Apt. #, Etc.

City

Lake Butler

State

FL

Zip Code

32054-7911

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

REGISTERED AGENT MUST SIGN

Date

6/27/10

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
TD	Gary Imler	615 NW 1st Street	High Springs, FL 32643
SD	Ernest L Adkins	7184 SW CR 239A	Lake Butler, FL 32054-7911
PD	Heather Clarich	320 NW 9th Street	High Springs, FL 32643

10. E-mail Address:

mreadk@windstream.net

(To be used for future annual report notification)

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. I further certify, 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:

Gary Imler Gary Imler

06/25/10

Date

Daytime Phone #

352-538-3507