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	PLEASE REA PLICATION FOR STATEMENT	FLORID		NT OF STATE ortham State	7	TING THIS APPRI AN Fil.			
DOCI	WENT # NUDIO	À	,		•	98 JUL 13	AN 10: 40		
Kiwanis Club of Greater harge.				,FL lenc	SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Principal Place of Business 1860 Harmony Dr Cleanwater, FL 33756						REINSTATEMENT QU-98			
Suite, Apt. #, etc. Suite, Apt. #, etc.			ng Office Address, II ル / ム	flice Address, If Applicable		4. Date Incorporated or Qualified Charfes and To Do Business in Florida NAL. 15, 1990 5. FEI Number Applied For			
City & State	Country	City & State	Count	rv	6.	7-00408	\$8.75 Ad	Not Applicable	
<u> </u>	and Street Addresses of Each Officer a					E OF STATUS DESI	for a C	ertificate of Status	
Title(s)	Name of Officers and/or Directors		St O	reet Address of Each fficer and/or Director lse Post Office Box N		4	City / State / Z	Sip	
ρ	Kaye Woolcot	t	113 10	64. 6t.		Bellean	Beach	FL 33784	
5 Sheila Wasserman 6201 Burlington Ave. D. St. Petersburg, FL 33710								FL 33710	
T	Richard Grebnen 1611 Io					Clearu	ogter, F	L 33756	
D	Keith Bailey 8500 UI			menton	Rd	hargo,	FL 33	ורר	
D	Tem Thompson 2199 Nolan Dr. Lamp, FL 53770							170	
D	Paul Steen 2132 McMullan Rd Lange FL 33771 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent 0							ורַכ	
Name Mary E Street Address (P.									
					18000025947491				
				Clearce	vator	****	67.286	19005 №#867.25 37 5 6	
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 Date 7-10-98 THE GISTERED AGENT MUST SIGN									
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No No (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 filling 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 fisted 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.									
SIGNATI		BINTED NAME OF SI	MING OFFICER OR D	PIRECTOR	Ju	La 10, 19	Daytime Pi	none #	