


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2006 SEP 29 PM 3: 28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **NU2756**

1. Corporation Name  
**KIWANIS CLUB OF PELICAN BAY,  
NAPLES, INC.**  
**W06-21693**

2. Principal Office Address <b>2065 PAINTED PALM DR</b> Suite, Apt. #, etc.		3. Mailing Office Address <b>2065 PAINTED PALM DR</b> Suite, Apt. #, etc.	
City & State <b>NAPLES, FL</b>		City & State <b>NAPLES, FL</b>	
Zip <b>34119</b>	Country <b>US</b>	Zip <b>34119</b>	Country <b>US</b>

REINSTATEMENT **63-06**  
CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida **3/18/91**

5. FEI Number **65-0276336**  
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 **SANDRA L. ROGERS**

Street Address (P.O. Box Number is Not Acceptable)  
**2065 PAINTED PALM DR**

Suite, Apt. #, Etc.

City **NAPLES**

State **FL** Zip Code **34119**

600080388326  
10/03/06--01028--003 \*\*\*42.00

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 **Sandra L. Rogers** Date **1/11/2006**

REGISTERED AGENT MUST SIGN

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
P	JEAN R. BRADSHAW	5071 JARVIS LANE	NAPLES, FL 34119
VP	DONALD E. SMITH	6080 RESERVE CIR #1002	NAPLES, FL 34119
T	PATRICIA PHILBIN	4637 SNOW EGRET DR	NAPLES, FL 34119
S	SANDRA L. ROGERS	2065 PAINTED PALM DR.	NAPLES, FL 34119
D	MICHELE SMITH	6080 RESERVE CIR #1002	NAPLES, FL 34119
D	DAVID T. ALDRICH	2737 BUCK THORN WAY	NAPLES, FL 34119

10. 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 contained in Chapter 119, 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: **Sandra L. Rogers** **SANDRA L. ROGERS** **1/11/2006** **239-254-9736**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

9/29 ad