PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N44034

1. Corporation Name
SUNRISE ROTARY CLUB INC.

Principal Place of Business
P.O. BOX 2354
KEY WEST, FL. 33041

Mailing Address

REINSTATEMENT 90-99

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

2. New Principal Office Address, If Applicable
1512 18th ST
Suite, Apt. #, etc.
City & State
KEY WEST FL
Zip 33040 Country MONROE

3. New Mailing Office Address, If Applicable
P.O. BOX 2354
Suite, Apt. #, etc.
City & State
KEY WEST FL
Zip 33041 Country MONROE

4. Date Incorporated or Qualified To Do Business in Florida
1987

5. FEI Number
65-0290177

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status
☐ Applied For
☐ Not Applicable

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2		Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES	KERRY HIGHSMITH	D	242 WHITE ST	KEY WEST, FL. 33040
V-P	CARL JANSEN	D	3704 NORTHSIDE DR	KEY WEST, FL. 33040
SEC	RAYMOND RODRIGUEZ	D	P.O. BOX 2354	KEY WEST, FL. 33040
TREA	THERESA HENSON	D	1512 18TH ST.	KEY WEST, FL. 33040

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-03/31/99--01005--014
****420.00 ****420.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent
Name
THERESA HENSON
Street Address (P.O. Box Number is Not Acceptable)
1512 18TH ST
Suite, Apt. #, Etc
City KEY WEST FL. State FL Zip Code 33040

CR2E081 (12/96)

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 Theresa Henson
REGISTERED AGENT MUST SIGN

Date 2/22/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒

(See other side for information on intangible tax.) Dec 31 99

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 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: Theresa Henson TREAS. 2/22/99 305 292 8909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #