

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 SEP 20 AM 9:03

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

1. Corporation Name

N44914
EXCHANGE CLUB OF WELLINGTON

W-22345

2. Principal Office Address

13579 STAMFORD DR

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WELLINGTON FL

City & State

SAME

Zip

33414

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

? 1980's

5. FEI Number

59-1855810

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

9610

7. Name and Address of Current Registered Agent

Name

ROBERT LAUTNER

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

13579 STAMFORD DR.

Suite, Apt. #, Etc.

City

WELLINGTON

State

FL

Zip Code

33414

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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

[Signature]

Date

9/8/00

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
PRES.	ALLEN A. LILL D	13724 DOUBLETREE TRL	WELLINGTON FL 33414
PRES.	MICKEY KARLO D	1723 DORCHESTER PL	WELLINGTON FL 33414
SECY	LANE PRIOR D	1787 DORCHESTER PL	WELLINGTON FL 33414
TREASURER	ROBERT LAUTNER	13579 STAMFORD DR	WELLINGTON FL 33414

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT LAUTNER

Date

9/8/00

Daytime Phone #

561-793-8044

KE

CR2E081 (9/95)