

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 27 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N46932**

1. Corporation Name

OPTIMIST CLUB OF WEST PALM BEACH, INC.

Principal Place of Business

POB 2243
W PALM BEACH FL 33402-2243

Mailing Address

POB 2243
W PALM BEACH FL 33402-2243



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/21/1992

5. FEI Number

59-6139128

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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 3	City / State / Zip 4
D	THOMAS, DAVID J	222 RIDGEVIEW DR	PALM BEACH FL
STD	TUNIS, T B	8520 DOVERBROOK DR	PALM BCH GDNS FL
PD	TICKNER, RICHARD	2408 AVENIDA MADRID OSTE	WEST PALM BEACH FL 33415
D	HOWARD-SMITH, JOHN G	350 VALLEY FORGE RD	WEST PALM BEACH FL
D	TOMLINSON, ALLEN R	505 S FLAGLER DR, #1100	W PALM BCH FL

8. Name and Address of Current Registered Agent

TOMLINSON, ALLEN R.
505 S FLAGLER DR
STE 1100
W PALM BEACH FL 33402

9. Name and Address of New Registered Agent

Name

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

800009246498

Suite, Apt. #, Etc.

11/27/02--01101--006 **61.25

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/06/02

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 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]
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-702

CR2E040 (8/02)

Optimist Club of West Palm Beach
P.O. Box 2243
West Palm Beach, Florida 33402-2243

November 9, 2002

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

RE: Optimist Club of West Palm Beach, Inc
Document # N46932

Dear Sir or Madame:

Please find enclosed the Application for Reinstatement and a check for \$61.26. We are asking that the reinstatement fee be waived, as we are not aware of getting the report for 2002.

We are a small civic club trying to help the youth in our community. Your waiving of the fee would be most appreciated.

Thank you for your consideration in this matter.

Sincerely,

T. B. Tunis

T. Bradley Tunis
Treasurer