

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N48190

1. Corporation Name

THE OPTIMIST CLUB FOUNDATION OF SAN CARLOS PARK, FLORIDA, INC.

2. Principal Office Address - No P.O. Box #

3. Mailing Office Address

505 PLUMOSA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LEHIGH ACERS FL

Zip

Country

Zip

Country

33972

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/01/1992

5. FEI Number
650325262

☒ 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

FRED HERTOOG

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

505 PLUMOSA AVE

Suite, Apt. #, Etc.

City

LEHIGH ACERS

State

FL

Zip Code

33972

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 12-17-09

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	LORRAINE STATHAM	18484 TAMPA RD	FT.MYERS FL 33967
VP	GARY SEACAT	20600 CHARING CROSS CIRCLE	ESTERO FL 33928
VP	LINDA HERTOOG	505 PLUMOSA AVE	LEHIGH ACERS FL 33972
S/T	FRED HERTOOG	505 PLUMOSA AVE	LEHIGH ACERS FL 33972
D	PHILIP MARTIN	7237 MYRTLE RD	FT.MYERS FL 33967

REINSTATEMENT

RH

10. E-mail Address: fhertog2000@yahoo.com

(To be used for future annual report notification)

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. I further certify, 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

12-17-09

Date

239 303-7954

Daytime Phone #