

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N50527

1. Corporation Name

Kiwanis Club of DeFuniak Springs, Inc.

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

~~P.O. Box 606~~ 35 S. Pleasant Dr.

3. Mailing Office Address

P.O. Box 606

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DeFuniak Springs, FL

City & State

DeFuniak Sprgs FL

Zip

32435

Country

US

Zip

32435

Country

U.S.

7. Name and Address of Current Registered Agent

Name

George Ralph Miller

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

562 US Hwy 90

Suite, Apt. #, Etc.

City

DeFuniak Springs

State

FL

Zip Code

32435

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]

REGISTERED AGENT MUST SIGN

Date

10-23-05

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	Bobby Beasley	51 Jackson Ave	DeFuniak Springs, FL 32433
PE	Cory Godwin	35 S Pleasant Dr.	DeFuniak Springs, FL 32435
VP	Mike Morris	1009 Pinewood Dr.	DeFuniak Springs, FL 32435
S	Mark Anderson	66 Oaklawn Square	DeFuniak Springs, FL 32435
T	Robert Sellers	27-E Orange Ave	DeFuniak Springs, FL 32435

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-23-07

Daytime Phone #

FILED
09 DEC 18 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800162453368
12/18/09--01037--011 **743.75

800162453368
11/03/09--01029--008 **245.00

CR2E081 (12/08)

94-09

4. Date Incorporated or Qualified
To Do Business in Florida

08/24/1992

5. FEI Number
59-6151472

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status

☒ 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.