

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **N92000000541**

1. Corporation Name

**ROTARY CLUB OF PORT ST. LUCIE, BREAKFAST, FLORIDA, U.S.A., INC.**

Principal Place of Business

P. O. BOX 7279  
PORT ST. LUCIE FL 34985  
US

Mailing Address

P. O. BOX 7279  
PORT ST. LUCIE FL 34985  
US

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 **11/22/99 01054-012 236.25 11/24/1992**

5. FEI Number

**65-0353123**

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	LYNCH, CHRISTOPHER	1246 B NW SUN TERRACE CIRCLE	PORT ST. LUCIE FL 34986
VD	SORICELLI, AL	1250 SW MARIMORE AVE	PORT ST. LUCIE FL 34953
TD	BARTZ, LINDA	1334 SW IRVING ST	PORT ST. LUCIE FL 34983
SD	SWANSON, DEBRA	2042 SE HANFORD RD	PORT ST. LUCIE FL 34952
PD	TOW, DAVID I.	132 S.W. OAKRIDGE DR	PORT ST LUCIE FL 34989
SD	CHARLSTENSEN, PATRICIA	1907 SW BULLINGTON ST	PORT ST LUCIE FL 34989

8. Name and Address of Current Registered Agent

FRANK, BRITT W  
3405 NW FEDERAL HIGHWAY  
SUITE 104  
JENSEN BEACH FL 34957

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City  
State  
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.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

**10/25/99**

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:

**David I. Tow**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**10/20/99 (86)343-0477**  
Daytime Phone #

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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REINSTATEMENT

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