PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
13 AUG 13 AM 11:07

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (11/10)

DOCUMENT # N93000001701

1. Corporation Name

Rotary Club of East Arlington, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
644 Cesery Boulevard	644 Cesery Boulevard
Suite, Apt. #, etc.	Suite, Apt. #, etc.
250	250
City & State	City & State
Jacksonville, FL	Jacksonville, FL
Zip / Country	Zip / Country
32211 / USA	32211 / USA

4. Date Incorporated or Qualified To Do Business in Florida: 4/15/1993

5. FEI Number: 59-3179136 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED: Yes — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Lee, Brian J.

Street Address (P.O. Box Number is Not Acceptable): 644 Cesery Boulevard

Suite, Apt. #, Etc.: 250

City: Jacksonville | State: FL | Zip Code: 32211

REINSTATEMENT
2002 – 2013
700250688377
08/13/13--01003--006 **918.75

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: Brian Lee — Date: August 6, 2013

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
P/D	Carl Scott Schuler	1346 Windsor Harbor Drive North	Jacksonville, FL 32225
VP/D	Jim Smith	3828 Feather Oaks Drive East	Jacksonville, FL 32277
S/D	Don Bergman	10142 Geni Hill Circle North	Jacksonville, FL 32225
T/D	Maureen Plato	6228 Thumper Street	Jacksonville, FL 32210
D	Brian Lee	12410 Tropic Drive	Jacksonville, FL 32225

S. HAWKES
AUG 14 2013
EXAMINER

10. **E-mail Address:** brian@schulerlee.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Brian Lee — August 6, 2013 — (904) 396-1911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #