

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N93000003022

1. Corporation Name

ORMOND BEACH WEST ROTARY FOUNDATION, INC.

Principal Place of Business

Mailing Address

521 SOUTH YONGE STREET
ORMOND BEACH FL 32174

C/O RICHARD A. BURT
150 S. PALMETTO AVE., BOX A
DAYTONA BCH FL 32114
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/29/1993

5. FEI Number

59-3203961

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75. A 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	BYNUM, RON JODY DAVIS	217 RIVERBEND RD 6 SUNWOOD TR.	ORMOND BCH FL 32174
SD	LAWRENCE SCORETTO NICK PASQUINE	2710 JOHN BULL 9 LAKE VISTA WAY	ORMOND BEACH, FL 32174 FEDDER BCHA FL 32136
TD	DAVID JENKINS CHRIS JESSUP	4 OLD TRAIL 410 ARNOLD ST	ORMOND BEACH FL 32174
TD	Dwight C. Jessup	489 S. Yonge St.	Ormond Beach, FL 32174
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REINSTATEMENT 99

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RHIRT RICHARD A
150 SOUTH PALMETTO AVENUE
BOX A
DAYTONA BEACH FL 32114

Name

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

Suite, Apt. #, Etc.

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.

Signature of
Registered Agent

Richard A. Burt

Date

10/13/99

REGISTERED AGENT MUST SIGN

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:

Dwight C. Jessup
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/99 904-673-1953
Date Daytime Phone #

FILED

99 DEC -1 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2040 (8/99)