

APPLICATION
FOR
REINSTATEMENT



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 28 AM 10:38

DOCUMENT # **N93000003587**

1. Corporation Name

ORMOND BEACH WEST ROTARY CLUB, INC.

Principal Place of Business

Mailing Address

521 YONGE STREET
ORMOND BEACH FL 32174

C/O RICHARD A BURT
150 SO 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

5. FEI Number

59-2861739

Applied For

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	BYNUM, RON Jody DAVIS	217 ANDERSON RD 6 SUNWOOD TR.	ORMOND BEACH FL 32174
SD	SCOTTIM KAWREBOE NICK PASQUINE	730 JONHUE 9 LAKE VISTA WAY	ORMOND BEACH, FL 32174 FLOR BEACH FL 32106
TD	JENKINS, DAVID CHRIS JESSUP	4000 TRAIL 489 S. Yongest St. 440 ANDA VISTA AVE.	ORMOND BEACH FL 32174
			000003035340--3
			-11/04/99-01075-004
			***236.25 ***236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BURT, RICHARD A
150 SOUTH PALMETTO AVENUE
DAYTONA BEACH FL

Name _____

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code	
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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 _____

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #

904-673-1953

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