

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 AUG -9 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000003712**

1. Corporation Name

Brooksville Kiwanis Club Foundation, Inc.
W06-30050

2. Principal Office Address

101 South Main Street

Suite, Apt. #, etc.

City & State

Brooksville, Florida

Zip
34601

Country

USA

3. Mailing Office Address

Post Office Box 1900

Suite, Apt. #, etc.

City & State

Brooksville, Florida

Zip

34605-1900

Country

USA

JP

REINSTATEMENT

CR2E081 (12/05)

02-06

4. Date Incorporated or Qualified
To Do Business in Florida

08/17/1993

5. FEI Number

59-3203940

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

Joseph M. Mason, Jr., Esquire

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

101 South Main Street

Suite, Apt. #, Etc.

City

Brooksville

State
FL

Zip Code

34601

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

Joseph M. Mason, Jr.

Date **08/09/06**

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
	See Attached List		
			500079047875 08/28/06--01026--022 **490.00

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:

Joseph M. Mason, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/09/06 352/796-0795

Date

Daytime Phone #

2052

BROOKSVILLE KIWANIS CLUB FOUNDATION, INC.**LIST OF OFFICERS AND/OR DIRECTORS**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Tom Hammatt	80 Lark Avenue	Brooksville, Florida 34601
V/D	Bill Korn	10325 Trudy Lynn Drive	Brooksville, Florida 34601
S/D	Alice Black	308 Long Wood Drive	Brooksville, Florida 34601
T/D	Scott Smith	Post Office Box 1473	Brooksville, Florida 34605-1473
D	Jim Carroll	22175 Chenoak Road	Brooksville, Florida 34602
D	William Greene	14391 Scrub Oak Lane	Brooksville, Florida 34613
D	Jimmy Kimbrough	Post Office Box 1146	Brooksville, Florida 34605-1146
D	Joseph M. Mason, Jr.	Post Office Box 1900	Brooksville, Florida 34605-1900
D	Rob Osmond	701 South Main Street	Brooksville, Florida 34601
D	Greg Sutton	10336 Ridge Top Loop	Brooksville, Florida 34601
D	Mark Taylor	13209 Old Crystal River Road	Brooksville, Florida 34601