PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

03 APR 29 AM 6:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000000626

1. Corporation Name
The Rotary Gift of Life of Florida, Inc.

REINSTATEMENT 97-03

2. Principal Office Address	3. Mailing Office Address
3035 Bayshore Road	3035 Bayshore Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sarasota, FL	City & State: Sarasota, FL
Zip: 34234 Country: USA	Zip: 34234 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 02/07/94

5. FEI Number: 65-0488800 ☐ 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: Klaus Lang

000015565960
04/09/03--01076--021 **603.75

Street Address (P.O. Box Number is Not Acceptable): 3035 Bayshore ~~Drive~~ Road

Suite, Apt. #, Etc.

City: Sarasota | State: FL | Zip Code: 34234

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: K. Lang Date: 4-17-03

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
D	Abe Shames	100 Sands Point Rd.	Longboat Key, FL 34228
D	Louis Auricchio	8659 Woodbriar Drive	Sarasota, FL 34238
D	Emilio Fiore	6995 Country Lake Cr	Sarasota, FL 34243
D	Mark Minoui	1172 Kittiwake Cr	Sanibel, FL
T	Klaus Lang	3035 Bayshore Rd	Sarasota, FL 34234
P	Bill Buckley	5757 Gulf of Mexico Dr.	Longboat Key, FL 34228

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 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: K. Lang 3-3-03 (941) 351-2356

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