PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

1997 JUL -9 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000002452

1. Corporation Name

Kiwanis Club of Greater Ocala, Florida, Inc.

W97-8949

Principal Place of Business	Mailing Address
P.O. Box 70274 Ocala, FL 34478	P .O. Box 70274 Ocala, FL 34478

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: 05/16/94

5. FEI Number: 59-6168930 ☐ Applied For ☐ Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Pres	Diana Williams D	1330 SE 15th Avenue	Ocala, FL 34471
V.P.	Hal Barrineau D	1306 SE 18th Street	Ocala,FL 34471
Treas	Robert A. Stermer	8585 SW Hwy. 200 #9	Ocala, FL 34481
Secy	Gene Schneider D	807 SW 34th Avenue	Ocala, FL 34471

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*****358.75 *****358.75

REINSTATEMENT 95-00 7/11/97

8. Name and Address of Current Registered Agent

Singleton, Lester B.
3033 SW College Road
Ocala, FL 34474

9. Name and Address of New Registered Agent

Name: Robert A. Stermer
Street Address (P.O. Box Number is Not Acceptable): 8585 SW Hwy. 200
Suite, Apt. #, Etc.: #9
City: Ocala | State: FL | Zip Code: 34481

CR2E040 (12/96)

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: Robert A. Stermer — REGISTERED AGENT MUST SIGN — Date: 4/14/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: Robert A. Stermer — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 4/14/97 Date — 352-861-0447 Daytime Phone #