

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham

Secretary of State

DIVISION OF CORPORATIONS

FILED

98 NOV -4 PM 3:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-11/10/98--01076--002  
\*\*\*\*297.50 \*\*\*\*297.50

REINSTATEMENT 97-98

DOCUMENT # N94000004810

W48-23389

1. Corporation Name

GULF SHORE OPTIMIST CLUB OF CAPE CORAL, INC.

Principal Place of Business

Mailing Address

240 SE 6 STREET

CAPE CORAL FL 33990-1541

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

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

SEPT. 28, 1994

5. FEI Number

65-0513532

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	LINDA FUTRAL	1417 Windsor Court	Cape Coral FL 33904-9719
V	HELEN PESEK	4240 SE 20 Place	CAPE CORAL FL 33904-5456
T/S	THELMA DE LORENZO	240 SE 6 STREET	Cape Coral FL 33990-1541
D	Adeline Dorval	4825 Tarpon Court	Cape Coral FL 33904-9410
D	ANNA HEINRICH	2526 SE 20 Avenue	Cape Coral FL 33904-3226
D	MARY SWEET	1102 SE 14 STREET	Cape Coral FL 33990-3765

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

THELMA DeLORENZO

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

240 SE 6 Street

Suite, Apt. #, Etc.

PH

City

CAPE CORAL

State

Zip Code

FL 33990-1541

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

*Thelma E. DeLorenzo*

Date 10/9/98

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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: Thelma E. DeLorenzo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-9-98

Date

941-458-0834

Daytime Phone #