APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 DEC -7 AM 8:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000000485

1. Corporation Name

LIONS CLUB OF MELBOURNE, INC.

Principal Place of Business	Mailing Address
1107 E PROSPECT AVE MELBOURNE FL 32901	1107 E PROSPECT AVE MELBOURNE FL 32901

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 2000

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: 02/01/1995

5. FEI Number: 59-3295159 ☐ 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 3	City / State / Zip 4
DP	HENSHAW, ROGER S	1523 ANGLERS DR NE	PALM BAY FL 32905
DVS	MALLOZZI, JULIE	2772 PALM DR NE	PALM BAY FL 32905
DT	NOBLE, JOHN	2772 PALM DR NE	PALM BAY FL 32905
D2V	MUSGRAVE, JOHN	3117 FAIRVIEW DR	MELBOURNE FL 32934

000003514860--0
-12/28/00--01004--025
****236.25 ****236.25 US

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
NOBLE, JOHN T 1107 E PROSPECT AVE MELBOURNE FL 32901	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/00)

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: SIGNATURE REQUIRED John Noble — Date: 12-12-00

REGISTERED AGENT MUST SIGN

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 REQUIRED Julie Mallozzi — 10-12-00 — 321-725-5243

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

0017710 AF

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 DEC -7 AM 8:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 705391

1. Corporation Name

ROTARY CLUB OF PLANT CITY, FLORIDA, INC.

Principal Place of Business	Mailing Address
~~611 W. HAINES STREET~~	P.O. BOX 1404
P.O. BOX 1404	PO BOX 1404
PLANT CITY FL 33566	PLANT CITY FL 33566-1404
US	US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 2000

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: 03/28/1963

5. FEI Number: 59-2346796 — 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)

100003515581--0
-12/28/00--01042--013
****245.00 ****245.00

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City/State/Zip 4
DP	SCHAUB, TOM	3141 NELSON AVE.	DOVER FL 33527
~~DS~~ DT	LAMBERT, STEVE	P.O. BOX 2088	PLANT CITY FL 33564
~~DP~~ DS	~~HOLT, REGGIE~~ TIM KIP	~~4933 LIBERTY LANE~~	LAKELAND FL 33813
D	JENKINS, CLAYTON	4009 MIDWAY RD. E.	PLANT CITY FL 33565
D	TODD PUKAS	105 S. WHEELER ST.	PLANT CITY FL
D	~~SNAPP, GREG~~ VAN TAYLOR	~~P.O BOX 1738~~	PLANT CITY FL 35641 LS

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
WHITE, CHARLES S. 104BN EVERS STREET PLANT CITY FL 33566	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/00)

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: SIGNATURE REQUIRED — Date: 11/13/00
REGISTERED AGENT MUST SIGN

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 REQUIRED — 11/13/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0078195 AF