

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 OCT 10 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N95000001884*

1. Corporation Name

PONCE INLET LIONS CLUB, Inc

800060458528
10/10/05--01079--015 **8.75

800060458528
10/10/05--01079--014 **420.00

REINSTATEMENT CR2E081 (8/05)

02-05

2. Principal Office Address

3. Mailing Office Address

4670 S. PENINSULA DA.

951 E S. LAKEWOOD TER.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PONCE INLET, FLA

PORT ORANGE, FLA

Zip

Country

Zip

Country

32127

USA

32127

USA

4. Date Incorporated or Qualified
To Do Business in Florida

28 MAY 1992

5. FEI Number

Applied For

59-3332833

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

PATRICK SHEEHAN, CPA

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

682 S YINGE ST

Suite, Apt. #, Etc.

City

ORMOND BEACH

State

FL

Zip Code

32174

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

Date

10/01/05

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
<i>V/D</i>	<i>SIRACUSA, RAY</i>	<i>951 E S. LAKEWOOD TER.</i>	<i>PORT ORANGE, FL 32127</i>
<i>D</i>	<i>COOK, RAY</i>	<i>4454 S. ATLANTIC AVE</i>	<i>PONCE INLET, FL. 32127</i>
<i>S/D</i>	<i>BALDWIN, MICHAEL</i>	<i>19 BUCKINGHAM DRIVE</i>	<i>ORMOND BEACH, FL. 32176</i>

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:

Ray Siracusa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17 SEPT 05

Date

Daytime Phone #

386-756-1224