

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N95000005237

1. Corporation Name

THE OPTIMIST CLUB OF NARANJA PRINCETON, INC.

Principal Place of Business

13401 SW 266TH STREET  
NARANJA FL 33157  
US

Mailing Address

13401 SW 266TH STREET  
NARANJA FL 33157  
US

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

2. New Principal Office Address, If Applicable

N/A

3. New Mailing Office Address, If Applicable

N/A

4. Date Incorporated or Qualified  
To Do Business in Florida

11/06/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

36-4018725

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s)<br>1     | Name of Officers<br>and/or Directors<br>2       | Street Address of Each<br>Officer and/or Director<br>(Do NOT Use Post Office Box Numbers)<br>3 | City / State / Zip<br>4                                                                |
|-------------------|-------------------------------------------------|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| D                 | CLARA POPE                                      | 13401 SW 266TH STREET                                                                          | MIAMI FL                                                                               |
| D                 | HARRIS, SALLIE                                  | 13401 SW 266TH STREET                                                                          | MIAMI FL 33157                                                                         |
| D                 | CLAYTON, ALICE                                  | 13401 SW 266TH STREET                                                                          | MIAMI FL 33157<br>100002375391-5<br>MIAMI FL 33157-01091-0019<br>****236.25 ****236.25 |
| ST                | EDWARD, FLORINE                                 | 13401 SW 266TH STREET                                                                          | MIAMI FL 33157                                                                         |
| D                 | DAVIS, JACQULYN L                               | 13401 SW 266TH STREET                                                                          | MIAMI FL 33157                                                                         |
| <del>D</del><br>D | <del>ZEPHIR, REBECCA</del><br>McKinnon, Charles | <del>11615 S.W. 101 AVE.</del><br>25453 S.W. 107th Court                                       | <del>MIAMI FL 33157</del><br>Princeton, FL 33157                                       |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JONES, CHARLES L JR  
9900 SW 168 STREET #9  
MIAMI FL 33157

Name

Charles McKinnon

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

25453 SW 107th Court

Suite, Apt. #, Etc.

N/A

City

Princeton

State

FL

Zip Code

33157

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

C. J. McKinnon

REGISTERED AGENT MUST SIGN

Date

12/4/97

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:

C. J. McKinnon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CORAPREIN TLL DEC 9 1997  
12/4/97 (305) 381-7967

CR2040 (8/97)