

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 FEB 23 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NA5000005046

1. Corporation Name

Kiwanis Club of Lehigh Acres -- Sundowners, Inc.

Principal Place of Business

Mailing Address

31 Clayton Avenue
Lehigh Acres FL 33936

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

2. New Principal Office Address, If Applicable
1502 Canal Street

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lehigh Acres

City & State

Zip

33972

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/27/95

5. FEI Number

☒

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
D P	Robert Rentfrow	421 Monroe Avenue	Lehigh Acres FL 33972
D VP	Barbara Rentfrow	421 Monroe Avenue	Lehigh Acres FL 33972
D S	Loreen Morton	809 Roosevelt Avenue	Lehigh Acres FL 33972
T	Nancy Williamson	1502 Canal Street	Lehigh Acres FL 33972

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Kevin M. Williamson
1502 Canal Street
Lehigh Acres FL 33972

Name

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

Suite, Apt. #, Etc.

City

400002448604-1

-03/05/98--01112--001

*****297.50

*****297.50

State

FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date 2/13/98

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:

Loreen Morton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Loreen Morton

2/18/98

Date

941/364-5892

Daytime Phone #