

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 FEB 16 AM 9:37

RECEIVED UP STATE
ALLAHASSEE, FLORIDA

DOCUMENT # **N96000004832**

1. Corporation Name

**ROTARY CLUB OF CELEBRATION FLORIDA,
INC.**

FLORIDA NON PROFIT CORPORATION

2. Principal Office Address - No P.O. Box #

**901 WATERSIDE LANE
CELEBRATION FL 34747**

Suite, Apt. #, etc.

#306

City & State

CELEBRATION

Zip Country

34747 USA

3. Mailing Office Address

**PO BOX 470232
CELEBRATION FL 34747**

Suite, Apt. #, etc.

City & State

CELEBRATION

Zip Country

34747 USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

IMMEDIATE

5. FEI Number

59-30060504

Applied For

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

THERESA DE MARIE

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

901 WATERSIDE LANE #306

Suite, Apt. #, Etc.

CELEBRATION

City

State

FL

Zip Code

34747

600269570626
02/16/15--01009--011 **\$67.50

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

THERESA DE MARIE

Date **02/03/15**

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
D.	JAMES SEEGER	932 SPRING PARK LOOP	CELEBRATION FL 34747
✓ D.	CHARLES ROGERS	415 ARBOR COURT	CELEBRATION FL 34747
P.E.	DEBBIE GRYNIEWICZ	111 ACADEIA TERRACE	CELEBRATION FL 34747
V.P.	BARBARA WOODWARD	931 JASMINE STREET	CELEBRATION FL 34747
P.	NICK TAYLOR	4859 SR 544 EAST	HAWKES CITY FL 33844
REINSTATEMENT 2013-2015			S. HAWKES

10. E-mail Address: **TERID619@HOTMAIL.COM**

(To be used for future annual report notification)

FEB 17 AM

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 607.040, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

N. TAYLOR
PRESIDENT N. TAYLOR

02/03/15

321-443-0535

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #