

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

99 JAN -4 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000005302

1. Corporation Name

THE KEY WEST HI-NOON LIONS FOUNDATION, INC.

Principal Place of Business

Mailing Address

1519 JOHNSON STREET
KEY WEST FL 33040

1519 JOHNSON STREET
KEY WEST FL 33040



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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

MARSHAN ROTH
Suite, Apt. #, etc.

Hi Noon Lions
Suite, Apt. #, etc.

3319 Pearl AVE

P.O. Box 2183

Key West, FL

Key West FL

33040 USA.

33040 USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/11/1996

5. FEI Number

65-0702202

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D P	VELIZ, WALLY MARSHAN ROTH	1420 7TH STREET 3319 Pearl AVE	KEY WEST FL 33040
D	HOWLEY, DENNIS	1301 10TH STREET	KEY WEST FL 33040
D	RODRIGUEZ, ARCADIO	1300 JOHNSON STREET	KEY WEST FL 33040
DS	Terresa Russell	3231 Harriet St.	Key West FL 33040
			500002738675--9
			-01/12/99--01089--003
			***236.25 ***236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SWOFFORD, GAYLE D
1519 JOHNSON STREET
KEY WEST FL 33040

Name
MARSHAN ROTH
Street Address (P.O. Box Number is Not Acceptable)
3319 Pearl AVE
Suite, Apt. #, Etc.

City
Key West

State
FL

Zip Code
33040

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

MARSHAN ROTH
REGISTERED AGENT MUST SIGN

Date

12/28/98

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:

MARSHAN ROTH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/28/98
Date

305-292
9453
Daytime Phone #

CR2040 (9/98)