

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # N97000001509

1. Corporation Name

KIWANIS COALITION OF UPPER PINELLAS, INC.

00 DEC -5 PM 4:52

Principal Place of Business

Mailing Address

3438 EAST LAKE ROAD
SUITE 22
PALM HARBOR FL 34685

3438 EAST LAKE ROAD
SUITE 22
PALM HARBOR FL 34685

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

2. New Principal Office Address, If Applicable
3440 East Lake Rd.

3. New Mailing Office Address, If Applicable
3440 East Lake Rd.

Suite, Apt. #, etc.
106

Suite, Apt. #, etc.
106

City & State
Palm Harbor, FL

City & State
Palm Harbor, FL 34685

Zip 34685 Country U.S.A.

Zip 34685 Country U.S.A.

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

03/18/1997

5. FEI Number

59-2466122

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTD	NOLAN, JAMES M SR	3438 E LAKE RD, STE 22	PALM HARBOR FL 34685
SD	WOLLETT, FRANKLYN J	1960 DUNBRODY COURT	DUNEDIN FL 34698
D	GRESHAM, DARREL R	1960 DUNBRODY COURT	DUNEDIN FL 34698
D	GIEBNER, RICHARD	1611 IDLE DRIVE NE	CLEARWATER FL 34616
D	PALMISANO, DANIEL A SR	2246 WARWICK DRIVE	CLEARWATER FL 34623
12/13/00-01114-017			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NOLAN, SR, JAMES M
3438 E. LAKE RD
SUITE 22
PALM HARBOR FL 34685

Name

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

Suite, Apt. #, Etc.

City

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

James M. Nolan
REGISTERED AGENT MUST SIGN

Date

10/30/00

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 607.0401 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.

James M. Nolan

SIGNATURE:

James M. Nolan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/30/00

Daytime Phone #

CR2E040 (8/00)