

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N97000003279

1. Corporation Name

MELBOURNE ROTARY FOUNDATION, INC.

Principal Place of Business

PO BOX 997  
MELBOURNE FL 32902-997  
US

Mailing Address

PO BOX 997  
MELBOURNE FL 32902-997  
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/05/1997

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75-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
D	<del>MC GEE, DON</del> John Newell	224 MELBOURNE AVE 2725 AIA #201	INDIALANTIC FL 32903 " "
P	<del>BUMMER, PAUL</del> Jay Crumbaugh	401 RIVERVIEW LANE 1724 S. Babcock St	MELBOURNE FL 32901 32901
ET	CARMICHAEL, BOB	2470 VERMONT ST 1180 Spring Oak Dr	MELBOURNE FL 32904 32901
D	JEFFERS, JOHN	353 DAYTON BLVD	MELBOURNE VILLAGE FL 32904
D	<del>KENNEDY, MICHELLE</del> Greg Maxwell	3055 PARK VILLAGE WAY 1010 E Palmetto Ave	MELBOURNE FL 32901 32901
D	<del>OLIVER, JOE</del> James Blake	10 SPANISH COVE DR 747 Ethan Glen Way	MELBOURNE FL 32940 " "

8. Name and Address of Current Registered Agent

CARMICHAEL, ROBERT W JR.  
1180 SPRING OAK DRIVE  
MELBOURNE FL 32901

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

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\*\*\*\*236.25 \*\*\*\*236.25

FL

State 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

Robert W. Carmichael, Jr.  
REGISTERED AGENT MUST SIGN

Date 18 May 01

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.

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SIGNATURE:

Robert W. Carmichael, Jr. Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18 May 01

Date

Daytime Phone #

CR2E040 (8/00)