PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

			OL NEAD /	TEE IIVO	1001		J DET ONE (
CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS				08 AUG -8 AM II: 54 JREININY OF STATE LLAHASSEE, FLORIDA		
DOCUMENT # N97000003363 1. Corporation Name THE ROTARY CLUB OF ORLANDO, INC.										
SUITE 200 St Suite, Apt. #, etc. Su 2100 ALDEN ROAD 21 City & State Cit ORLANDO, FL OI Zip Country Zip				SUITE 20 Suite, Apt. #, 2100 ALD City & State	ORLANDO, FL Zip Country			4. Date Incorp To Do Busi 5. FEI Numbe	DOCATE OF STATUS DESIRED STATES OF STATUS DESIRED S	ie irec
7. Name and Address of Current Registered Agent Name SHUFFIELD, W. CHARLES Street Address (P.O. Box Number is Not Acceptable) 1000 LEGION PLACE, SUITE 1700 Suite, Apt. #, Etc.							Zip Code	The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.		
8. I, being appointed the registeren agent of the above named corporation am familiar with and accept the ob- Signature of Registered Agent REGISTERED AGEN MUST SIGN								obligations of section	on 607.0505 or 617.0503, F.S. Date Aug. 1, 2058	_
9. Names	and Street A	ddresses	of Each Officer and	Vor Director (Flo	rida nonpro	ofit corpo	orations must list at I		700134094647	nί
Titles		Name of rs and/or Directors		Street Address of Each Officer and/or Director			ch T.	City / State / Zip		
P	HEIDI W. ISENHART				1000 Legion Place, Suite 1700			1700	Orlando, FL 32801	
РР	LAWRENCE R. KIRKWOOD				425 N. Orange Avenue				Orlando, FL 32801	
PE	DANN K. POTTINGER				1360 Orange Avenue				Winter Park, FL 32789	
T	BLAISE	NOIST		515 W. Morse Blvd				Winter Park, FL 32789		
s	ANTHO	BONI		5066 Edgewater Drive				Oriando, FL 32810	_	
D	See atta	st								
this rei owed b	nstatement ap by the corpora	oplication, ition have	the reason for diss been paid and the	olution has been names of individ	eliminated uals listed (l, the col on this fi	rporate name satisfie	es the requirements r an exemption con	ppter 607 or 617, F.S. I further certify that when filing sof section 607.0401 or 617.0401, F.S., that all fees stained in Chapter 119, F.S. The information indicated	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

8/8

Daytime Phone #

8/4/08 Date

ATTACHMENT TO 2008 CORPORATION ANNUAL REPORT

DOCUMENT #N97000003363

ENTITY NAME: THE ROTARY CLUB OF ORLANDO, INC.

Directors serving from July 2008 to August 2009:

TITLE:

D

NAME:

BENNETT, R. LEE

ADDRESS:

301 E. Pine Street #1400

CITY-ST-ZIP

Orlando, FL 32801

TITLE:

D

NAME:

MACLEISH, ROBERT F.

ADDRESS:

1829 Monterey Avenue

CITY-ST-ZIP

Orlando, FL 32804-7023

TITLE:

D

NAME:

ROWE, ALAN

ADDRESS:

945 S. Orange Avenue

CITY-ST-ZIP

Orlando, FL 32806

TITLE:

D

NAME:

VAN ARSDEL, SARA K.

ADDRESS:

65 E. Central Blvd

CITY-ST-ZIP

Orlando, FL 32801

TITLE:

D

NAME:

BOWMAN, CARTER R.

ADDRESS:

1761 Mohican Trail

CITY-ST-ZIP

Maitland, FL 32751