

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 OCT 30 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100003472501--9

-11/21/00--01050--014

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REINSTATEMENT

2000

DOCUMENT # N97000004667

1. Corporation Name

ROTARY CLUB OF BOCA RATON SUNRISE FOUNDATION, INC.

Principal Place of Business

Mailing Address

5355 TOWN CENTER ROAD
SUITE 801
BOCA RATON FL 33486

5355 TOWN CENTER ROAD
SUITE 801
BOCA RATON FL 33486

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

100 N.E. THIRD AVE

100 N.E. THIRD AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 600

SUITE 600

City & State

City & State

FT LAUDERDALE

FT. LAUDERDALE

Zip

Country

Zip

Country

33301-1155

BROWARD

33301-1155

BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

08/15/1997

5. FEI Number

65-0780118

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
ED	ROWAN, ED	100 N.E. 3RD AVE.	FT. LAUDERDALE FL 33301
ALMAN, STEVE	TIM SHARP	7820 GLADES RD. STE. 250 1699 SW. 7th AVE	BOCA RATON FL 33434 Boca Raton 33486
BLUM, DEBBIE	RICH MACFARLAND	1515 S. FEDERAL HIGHWAY 2883 BANYAN BLVD CIRCLE	BOCA RATON FL 33434 Boca Raton 33431
ELLINGTON, SCOTT	W. SCHNABEL	47 GLADES ROAD 901 McCLEARY ST.	BOCA RATON FL 33431 DELRAY BEACH 33483
HIRSCH, KEN	FRANK BARBIERI	7070 SAN SALVADOR 21026 SHADY VISTA LANE	BOCA RATON FL 33433 BOCA RATON 33428
KAMMERE, JOHN		7280 W. PALMETTO PARK RD.	BOCA RATON FL 33433 LS

8. Name and Address of Current Registered Agent

SHEPARD, JONATHAN L
5355 TOWN CENTER ROAD
SUITE 801
BOCA RATON FL 33486

9. Name and Address of New Registered Agent

Name

W. Schnabel

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

901 McCLEARY ST.

Suite, Apt. #, Etc.

City

DELRAY BEACH

State

FL

Zip Code

33483

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

WILLIAM W. SCHNABEL

Date 10/25/00

REGISTERED AGENT MUST SIGN

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.

SIGNATURE:

WILLIAM W. SCHNABEL
TREASURER

Date

10/25/00

Daytime Phone #

861-789-3762

CR2ED40 (9/00)