


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Katharine Hall
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 AUG 23 AM 11:12

DOCUMENT # N97000004712

1. Corporation Name

WAHOO Sertoma Club Inc

2. Principal Office Address

16667 SW 57th Street

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 1435

Suite, Apt. #, etc.

City & State

Ocala, FL

Zip

34481

Country

Marion

City & State

Dunnellon, FL

Zip

34430

Country

Marion

4. Date Incorporated or Qualified To Do Business in Florida

SP

5. FEI Number

59-3463607

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Doris L Brownell

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

16667 SW 57th Street

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34481

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

Doris L Brownell

REGISTERED AGENT MUST SIGN

Date **22 August 2001**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
C,D	Kathy Claffey	PO Box 2628	Dunnellon, FL 34430
P,D	Rusty Baker	PO Box 3157	Homosassa, FL 34447
T,D	Bill Mahar	11266 SW 76th Terrace	Ocala, FL 34476
S,D	Doris Brownell	PO Box 1435	Dunnellon, FL 34430

10. 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:

Doris L Brownell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/22/01

Date

3524894520

Daytime Phone #

CR2E081 (9/00)