

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 14 PM 12:18

DOCUMENT # N97000007148

1. Corporation Name

The Optimists Foundation of Boca Raton, Florida, Inc

500120760435
03/19/08--01040--013 **420.00

REINSTATEMENT 05-08

2. Principal Office Address - No P.O. Box #

1073 W. Royal Palm Rd

3. Mailing Office Address

PO Box 1251

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33486

Country

Zip

33432

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0795497

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

Lisa Hanley

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

5414 214th Court South

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33486

☐ 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 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

Lisa Hanley

REGISTERED AGENT MUST SIGN

Date

3/17/08

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
DP	Tolliver Miller	3651 NW 2nd Ct.	Boca Raton, FL 33431
DVP	Lisa Hanley	5414 214th Court South	Boca RATON, FL 33486
DT	Diana Halley	1073 W. Royal Palm Rd. 282 SW 14th Place	Boca Raton, FL 33486
D	Monica Scurrah	9922 Robins Nest Road	Boca Raton, FL 33496
D	Linda Arnold	1543 SW 1st Ave,	Boca Raton, FL 33432

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 contained in Chapter 119, 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:

Tolliver Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/08

Date

861-414-9770

Daytime Phone #