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
03 MAR 14 PM 12:47

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03/29/03--01003--010 **420.00

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REINSTATEMENT 00-03

DOCUMENT # N99000000102

1. Corporation Name

The Rotary Club of Placida, Florida, Inc.

2. Principal Office Address	**3.** Mailing Office Address
900 E. Pine Street	900 E. Pine Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
#126	#126
City & State	City & State
Englewood, FL	Englewood, FL
Zip / Country	Zip / Country
34223 / USA	34223 / USA

4. Date Incorporated or Qualified To Do Business in Florida: 1/7/99

5. FEI Number: 65-0858683 ☐ 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: Thomas E. Murtha

Street Address (P.O. Box Number is Not Acceptable): 4646 Arlington Drive

Suite, Apt. #, Etc.:

City: Placida | State: FL | Zip Code: 33946

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 _____ Date 3/6/03

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
PD	Thomas E. Murtha	4646 Arlington Drive	Placida, FL 44946
VPD	Hoyt Fallin	7608 Castleberry Terr.	Englewood, FL 34224
SD	Gisela Allen	900 E. Pine St., #126	Englewood, FL 34223
TD	Sharon Taylor	900 E. Pine St., #126	Englewood, FL 34223
D	Brian Corcoran	100 N. Green Dolphin Dr	Cape Haze, FL 33946
D	Margaret Cypher	9413 Gulfstream Blvd.	Englewood, FL 34224

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: Thomas E. Murtha, President — 3/6/03 — 941-475-7937

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #