

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 NOV 14 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N9900000 2687*

1. Corporation Name

Kiwanis of Vero Beach, INC.

REINSTATEMENT

07-08

800137935368
11/14/08--01051--007 **122.75

CR2E081 (10/08)

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

845 Greenleaf Cir.

3. Mailing Office Address

P.O. Box 6022

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Vero Beach, FL

City & State

Vero Beach, FL

Zip

32960

Country

Indian River

Zip

32960

Country

Indian River

4. Date Incorporated or Qualified
To Do Business in Florida

05/03/1999

5. FEI Number

59-6153284

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

Vito Marchese

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

845 Greenleaf Circle

Suite, Apt. # Etc

City

Vero Beach

State

FL

Zip Code

32960

☒ 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

Vito Marchese

Date

11-6-08

REGISTERED AGENT MUST SIGN

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
Pres.	<i>Vito Marchese</i>	<i>845 Greenleaf Cir.</i>	<i>Vero Beach, FL, 32960</i>
V.P.	<i>Ella Chabot Remington</i>	<i>1566 Polynesian Ln.</i>	<i>Sebastian, FL, 32958</i>
Treas.	<i>Gina Melton</i>	<i>1906 71st Ave</i>	<i>Vero Beach, FL, 32966</i>
Bd. member	<i>Diane Dzadony</i>	<i>465 9th Place</i>	<i>Vero Beach, FL, 32960</i>
Bd. member	<i>Mike Policare</i>	<i>914 Tropic Dr.</i>	<i>Vero Beach, FL, 32963</i>
Bd. member	<i>Christine Foster</i>	<i>1055 6th Ave, Unit A-2</i>	<i>Vero Beach, FL, 32960</i>

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:

Michael J. Policare
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-6-08

Daytime Phone #