

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 04, 2003 8:00 A.M.
Secretary of State

DOCUMENT # N97000006303

1. Corporation Name

KIWANIS YOUTH FOUNDATION OF
MONTICELLO, FLORIDA, INC.

300022487453
08/22/03--01007--004 **306.25

2. Principal Office Address

240 WEST WASHINGTON ST

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 357

Suite, Apt. #, etc.

REINSTATEMENT 02-03

City & State

MONTICELLO, FL.

City & State

MONTICELLO, FL.

Zip

32344

Country

JEFFERSON

Zip

32345

Country

JEFFERSON

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/06/1997

5. FEI Number

59-3477486

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

George W. Miller

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

240 West Washington St

Suite, Apt. #, Etc.

City

Monticello

State

FL

Zip Code

32344

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

George W. Miller

REGISTERED AGENT MUST SIGN

Date

8/3/03

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
DIRECT	GEORGE W. MILLER	240 WEST WASHINGTON STREET	MONTICELLO, FL. 32344
DIRECT	HERBERT DEMOTT	915 GOVERNMENT FARM ROAD	MONTICELLO, FL. 32344
DIRECT	FRANK BLOW	1685 BOSTON HIGHWAY	MONTICELLO, FL. 32344

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:

George W. Miller

GEORGE W. MILLER

8/19/03

850-997-2464

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

209/P