

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

04 MAY -6 AM 8:00

DOCUMENT # N 47397

1. Corporation Name

THE KIWANIS CLUB OF CORAL GABLES, INC.

2. Principal Office Address

1320 S. DIXIE HWY # 740

Suite, Apt. #, etc.

740

City & State

MIAMI FL

Zip

33146

Country MIAMI-
DADE

3. Mailing Office Address

740

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 03-04

12/26/03 01084 014-29750

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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

D E. HARRING

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

1320 S. DIXIE HWY

Suite, Apt. #, Etc.

740

City

MIAMI

State
FL

Zip Code

33146

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

D. E. Harring

REGISTERED AGENT MUST SIGN

Date 4/28/04

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
D	MYERS, RUTH	600-BILTMORE-WAY	MIAMI, FL-33134
D	SNYDER, WILLIAM	9481 PALMETTO CLUB	MIAMI, FL 33157
D	HARRING, DANIEL	1320 S. DIXIE HWY	MIAMI FL 33146
D	BURR, ROBERT	314 ROMANO AVE	MIAMI, FL 33134

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:

D. E. Harring
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04 305-284-9969
Date Daytime Phone #

CR2E081 (01/04)