2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED **DOCUMENT #712328** 2007 DEC 28 AM 6: 48 KIWANIS CLUB OF NORTH MIAMI BEACH, FLORIDA, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address P.O. BOX 640622 P.O. BOX 640622 NORTH MIAMI BEACH, FL 33164-0622 US NORTH MIAMI BEACH, FL 33164-0622 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2/230 NE 19 AVE Suite, Apt. #, etc. 12182007 REIN-NP CR2E099 (1/07) Applied For Mity & State 4. FEI Number 59-6176203 City & State Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired MIA - Dade Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FISHER, MILTON Street Address (P.O. Box Number is Not Acceptable) 21230 NE 19 AVENUE MIAMI, FL 33179 Zip Code FL. 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Make check payable to FILE NOW!!! FEE IS \$236.25 After January 1, 2008, Fee will be \$297.50 Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Change ☐ Delete TITI F ☐ Addition TITLE NAME WARREN, PAUL NAME 400113833674 01/04/08--01040--003 **236.25 20355 NE 34TH DELVISTA, # 729 STREET ADDRESS STREET ADDRESS AVENTURA, FL 33180 CITY-ST-7IP CITY-ST-ZIP Delete TITLE Change ■ Addition TITLE ADDICOTT, SARI NAME NAME 155 GOLDEN BEACH DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33160 CITY - ST-7IP ☐ Delete TITLE ☐ Change Addition TITLE BERSON, JEFFREY NAME NAME 19355 TURNBERRY WAY #23F STREET ADDRESS STREET ADDRESS CITY-ST-ZIP AVENTURA, FL 331802543 CITY-ST-ZIP TITLE ☐ Detete TITLE Change ☐ Addition BERGMAN, FREDERICK NAME NAME STREET ADDRESS 13508 NE 23 PL. STREET ADDRESS NORTH MIAMI, FL. 33181 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITI F ☐ Addition TITLE STURTZ ALERED NAME NAME 16901 NE 19TH AVENUE STREET ADDRESS STREET ADDRESS NORTH MIAMI BEACH, FL 33162 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition FISHER, MILTON NAME NAME 21230 NE 19 AVENUE STREET ADDRESS STREET ADDRESS CITY - ST - 7IP MIAMI, FL 33179 CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/3/

305705/202

Daytime Phone #

26/07