2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Sep 26, 2005
Secretary of State

DOCUMENT# 720289

Entity Name: THE OPTIMIST CLUB OF CUTLER RIDGE, INC.

Current Principal Place of Business:

13380 SW 40TH ST
MIAMI, FL 33175 US

New Principal Place of Business:

Current Mailing Address:

13380 SW 40TH ST
MIAMI, FL 33175 US

New Mailing Address:

FEI Number: 23-7064720 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WORSDALE, JAMES
1031 DANA COURT
MARCO ISLAND, FL 33937 US

Name and Address of New Registered Agent:

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.

SIGNATURE: JAMES WORSDALE
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HAMLIN, ROY
Address: PO BOX 145241
City-St-Zip: MIAMI, FL 33114

Title: D ( ) Delete
Name: MORRIS, LLOYD
Address: 5010 SW 93RD CT
City-St-Zip: MIAMI, FL 33172

Title: VD ( ) Delete
Name: HAMLIN, ROY
Address: 8255 SW 98TH STREET
City-St-Zip: MIAMI, FL 33156

Title: STD ( ) Delete
Name: HAMLIN, ERIK
Address: 8255 SW 98TH STREET
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: HAMLIN, RAY
Address: PO BOX 145241
City-St-Zip: MIAMI, FL 33114

Title: D (X) Change ( ) Addition
Name: HERNANDEZ, TERESA
Address: 13380 SW 40 ST
City-St-Zip: MIAMI, FL 33175

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAY HAMLIN PD 09/26/2005
Electronic Signature of Signing Officer or Director — Date