2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT#731933

FILED Nov 04, 2009 Secretary of State

Entity Name: THE OPTIMIST CLUB OF MIAMI LAKES, INC. **Current Principal Place of Business: New Principal Place of Business:** P. O. BOX 4034 MIAMI LAKES, FL 33014 **Current Mailing Address: New Mailing Address:** P. O. BOX 4034 MIAMI LAKES, FL 33014 FEI Number: 23-7033675 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GOMEZ, ROLAND GOMEZ, ROLAND 4300 BIŚCAYNE BLVD. SUITE 305 4300 BIŚCAYNE BLVD. SUITE 305 MIAMI, FL 33137 MIAMI, FL 33137 US 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: ROLAND GOMEZ 11/04/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete CURRY, TERRY Name: Name: 14300 CYPRESS CT. Address: Address: City-St-Zip: MIAMI LAKES, FL 33014 City-St-Zip: Title: PD Title: () Delete () Change () Addition Name: MCCALL, JACK Name: Address: 15515 NW 83 AVE Address: City-St-Zip: MIAMI LAKES, FL 33016 City-St-Zip: Title: () Delete Title: () Change () Addition HAMILTON, JAMES Name: Name: Address: 8528 GLENCAIRN LN Address: City-St-Zip: MIAMI LAKES, FL 33016 City-St-Zip: Title: () Delete Title: **PRES** () Change (X) Addition Name: Name: STAUFFER, PATRICIA A 14360 LAKE CRESCENT PL Address: Address: City-St-Zip: City-St-Zip: MIAMI LAKES, FL 33014 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PATRICIA A. STAUFFER PRES 11/04/2009