

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 OCT -3 AM 10:27

DOCUMENT # 750753

1. Corporation Name **Kiwanis Club of North Shore Miami
Beach, Inc.**

2. Principal Office Address **c/o Hauser
1111 Kane Concourse**

Suite, Apt. #, etc.

616

City & State

Bay Harbor Island, FL.

Zip

33154

Country

US

3. Mailing Office Address **c/o Hauser
1111 Kane Concourse**

Suite, Apt. #, etc.

616

City & State

Bay Harbor Is., FL

Zip

33154

Country

US

REINSTATEMENT

CR2E081 (12/05)

1997-2006

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
596152429

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

Marc Hauser, Esq.

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

1111 Kane Concourse

Suite, Apt. #, Etc.

616

City

Bay Harbor Is

State

FL

Zip Code

33154

**800080386408
10/03/06--01018--025 **616.50**

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

Date **09/22/06**

REGISTERED AGENT MUST SIGN

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
P	BERNARD EDELSTEIN	1111 Kane Conc (#616)	Bay Harbor Is., FL. 33154
VP	ALAN GORME	1111 Kane Concourse (#616)	Bay Harbor Is., FL. 33514
S	STAN BERSHAD	1111 Kane Concourse (#616)	Bay Harbor Is., FL. 33154
D	ROBERT FISHER	1111 Kane Concourse (#616)	Bay Harbor Is., FL. 33154

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/22/06 305-844-9934
Daytime Phone #