PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 DEC -6 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **752210**

1. Corporation Name

**KIWANIS - HORSES AND HANDICAPPED, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| BOX 551<br>DANIA FL 33004<br>US | BOX 551<br>DANIA FL 33004<br>US |

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

| 2. New Principal Office Address, If Applicable | | 3. New Mailing Office Address, If Applicable | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. Date Incorporated or Qualified To Do Business in Florida: **04/28/1980**

5. FEI Number: **59-2036147** ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---|---|---|---|
| PD | ~~BAKER, BARRY~~ Lucy LaDue | ~~P O BOX 401 N/A~~ 1821 SW 69 Ave | ~~DANIA FL 33004~~ Plantation Fl. 33317 |
| SD | CERRONE, DOTTIE W | 15890 SW 12TH ST | PEMBROKE PINES FL 33027 |
| VP | KOLACINSKI, JOSEPH | P O BOX 24-8805 N/A | CORAL GABLES FL 33124 |
| TD | KERN, RICHARD A | 2832 N.E. 24TH COURT | FT LAUDERDALE FL 33305 |
| | | | 100003078211--3<br>-12/22/99--01073--014<br>****236.25 ****236.25 |
| | REINSTATEMENT 99 TS | | |

| 8. Name and Address of Current Registered Agent | 9. Name and Address of New Registered Agent |
|---|---|
| KERN, RICHARD A<br>2832 N.E. 24TH COURT<br>FT. LAUDERDALE FL 33205 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>Suite, Apt. #, Etc.<br>City / State: FL / Zip Code |

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED — Date: 12/1/99

REGISTERED AGENT MUST SIGN

11. 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:** SIGNATURE REQUIRED — 12/1/99 — 561 753-9700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #