PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
09 DEC 21 PM 4:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 763668

1 Corporation Name

KIWANIS CLUB OF KISSIMMEE INC.

200168833152
12/21/09--01053--010 **61.25

REINSTATEMENT 09

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
337 Florida Ave.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Cloud, FL.	City & State
Zip: 34769 Country: U.S.	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number ☐ 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: Margaret D. Miller

Street Address (P.O. Box Number is Not Acceptable): 337 Florida Ave.

Suite, Apt. #, Etc.

City: St. Cloud State: FL Zip Code: 34769

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. #61.25

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: Margaret D Miller (REGISTERED AGENT MUST SIGN) Date: Dec 17, 2009

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	Michael Harford	2310 Babb Rd.	Kissimmee, FL. 34741
V.P	Robert Mindick	10113 Culpepper Ct.	Orlando, FL. 32835
Sec	Janice Welch	2984 Boggy Creek Rd	Kissimmee, FL. 34743
T	Margaret D. Miller	337 Florida Ave	St. Cloud, FL. 34769
		12/21	

10 E-mail Address: margaretdmiller@embarqmail.com (To be used for future annual report notification)

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. I further certify, 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: Margaret D. Miller Treasurer 12/17/2009 407/301-3247
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)