

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS



APPROVED
AND
FILED

97 NOV 24 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

7108141
KIWANIS CLUB OF HIALEAH

Principal Place of Business

Mailing Address

P.O. Box 2152
HIALEAH, FL 33012

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

4. Date Incorporated or Qualified To Do Business in Florida

4-20-83

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

57-0787039

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1. PRES	JOSE K FUENTES	15519 MIAMI LAKES WAY N.	MIAMI LAKES, FL 33014
2. V-P	MARIA DE LA MILERA	398 W 53RD STREET	HIALEAH, FL
3. SECT	FRANCES ALEMAN	11900 S.W. 23RD STREET	MIRAMAR FL 33025
4. TREAS	ARNOLD VELAZQUEZ	P.O. BOX 2152	HIALEAH, FL 33012
5. BRO	RODOLFO GARCIA	368 W. 21st Street	HIALEAH, FL 33010

REINSTATEMENT (97)

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JOSE K. FUENTES
15519 MIAMI LAKES WAY N.
MIAMI LAKES, FL 33014

Name

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

Suite, Apt. #, Etc.

City

A. Alan

11/24/97

300002356543-2

11/25/97-01041-007

***420 FL ***420.00

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]

REGISTERED AGENT MUST SIGN

Date

11-22-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE K FUENTES

Date

Daytime Phone #

11-22-97

CR2E040 (12/96)