

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000001975

FILED  
Oct 14, 2009  
Secretary of State

Entity Name: KAPPA LEAGUE OF MIAMI, INC.

## Current Principal Place of Business:

1070 NW 57TH STREET  
MIAMI, FL 33127 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 977  
MIAMI, FL 33147 US

## New Mailing Address:

FEI Number: 65-0993796      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:

JERKINS, CARLTON  
1070 NW 57TH STREET  
MIAMI, FL 33127 US

## Name and Address of New Registered Agent:

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: CARLTON JERKINS

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BROWN, TRAVIS  
Address: 6360 NW 173RD STREET  
City-St-Zip: HIALEAH, FL 33015 US

Title: D ( ) Delete  
Name: JERKINS, JR, CARLTON  
Address: 1070 NORTHWEST 57TH STREET  
City-St-Zip: MIAMI, FL 33127 US

Title: D ( ) Delete  
Name: COFFEY, DONALD  
Address: 1685 NORTHWEST 124 STREET  
City-St-Zip: MIAMI, FL 33167 US

Title: D ( ) Delete  
Name: PERSONS, EDDIE  
Address: 1685 NW 124 STREET  
City-St-Zip: MIAMI, FL 33167 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: GARY, TORRANCE  
Address: 3361 NW 208TH TERRACE  
City-St-Zip: MIAMI, FL 33056 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: TORRANCE GARY

PD

10/14/2009

Electronic Signature of Signing Officer or Director

Date