

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # N00000004852

1. Corporation Name

KIWANIS CLUB OF AVENTURA, INC.

Principal Place of Business

Mailing Address

P.O. BOX 802733  
AVENTURA FL 33180

P.O. BOX 802733  
AVENTURA FL 33180

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 NOV 30 PM 4:14



REINSTATEMENT 01

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  
18010 N.E. 10 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
North Miami Bch, FL

Zip

Country

Zip  
33162

Country

America

4. Date Incorporated or Qualified  
To Do Business in Florida

07/20/2000

5. FEI Number

65-103 48 46

Applied For

Not Applicable

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<br>and/or Directors | Street Address of Each<br>Officer and/or Director |                                               |
|----------|--------------------------------------|---------------------------------------------------|-----------------------------------------------|
| 1        | 2                                    | 3                                                 | 4                                             |
| PD       | MOHAMMED, RAFIEK<br>ROSS, HOWARD     | 7400 NW 36TH STREET<br>2410 NE 202 ST             | LAUDERMILL FL 33319<br>MIAMI, FL 33100        |
| VD       | PINDER, THOMAS K DR.<br>Pembie, TODD | 18010 N.E. 10 AVENUE<br>3610 Yacht Club Dr        | N. MIAMI BEACH FL 33162<br>Aventura, FL 33180 |
| SD       | SIMON, SHELLY                        | 21431 HIGHLAND LAKES BLVD.                        | MIAMI FL 33179                                |
| TD       | TAYLOR, STEPHANIE<br>Hoglund, LOUISE | 19235 BISCAYNE BLVD.<br>20441 N.E. 30 Ave # 118   | AVENTURA FL 33180                             |
| D        | PONCE, CARLOS                        | 1180 N.E. 161 TER.                                | N. MIAMI BEACH FL 33162                       |
| D        | SHENKER, FERRIS                      | 2365 N.E. 213 TER.                                | MIAMI FL 33180                                |

8. Name and Address of Current Registered Agent

PINDER, THOMAS K DR.  
18010 N.E. 10 AVENUE  
NORTH MIAMI BEACH FL 33162

9. Name and Address of New Registered Agent

Name  
CARLOS PONCE  
Street Address (P.O. Box Number is Not Acceptable)  
1180 NE 161 TERR  
Suite, Apt. #, Etc.  
N.M.B.  
City  
N.M.B.  
State  
FL  
Zip Code  
33162

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

REGISTERED AGENT MUST SIGN

Date

11-26-2001

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

#1079 check  
\$236.25 enclosed  
11-13-01 305-935-4054