

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N03000001372</b>						<b>FILED</b> <b>08 OCT 31 PM 3:51</b> CLERK OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name <b>NORTHSIDE FEDERATED KING'S DAUGHTERS CHAPTER II INC.</b>				Principal Place of Business <b>3500 NW 83RD ST MIAMI, FL 33147</b>			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				Mailing Address <b>3500 NW 83RD ST MIAMI, FL 33147</b>			
City & State				City & State			
Zip		Country		Zip		Country	
3. Mailing Address Suite, Apt. #, etc.				4. FEI Number <b>04-3664698</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent <b>JNO-LEWIS, EILEEN 3500 NW 83RD ST MIAMI, FL 33147</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<b>FILE NOW!!! FEE IS \$61.25 After January 1, 2009, Fee will be \$122.50</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>JNO-LEWIS, EILEEN</b> <b>3500 NW 83RD ST</b> <b>MIAMI, FL 33147</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>700137486227</b> <b>10/30/08--01037--001 **61.25</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>ELLIOTTE, INGRID B</b> <b>91350 N.E. 13TH ST</b> <b>N. MIAMI, FL 33161</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>HORTON, DORAETTA</b> <b>275 NE 173 ST</b> <b>NORTH MIAMI BEACH, FL 33162</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
<b>SIGNATURE: Eileen Jno Lewis</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>10/27/08</b> <small>Date</small>			