## 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N05000000410

MIAMI, FL 33114

City-St-Zip:

FILED Nov 13, 2006 Secretary of State

	ne: KIWANIS OF MIAMI-LATIN, INC.	Secretary of State
Current Pr	incipal Place of Business:	New Principal Place of Business:
P.O. BOX 1 MIAMI, FL		
Current Ma	ailing Address:	New Mailing Address:
P.O. BOX 1 MIAMI, FL		
FEI Number: In accordance	FEI Number Applied For ( e with s. 607.193(2)(b), F.S., the corporation	
Name and	Address of Current Registered Age	nt: Name and Address of New Registered Agent:
The above	ER DRIVE ABLES, FL 33114 US named entity submits this statement fo	r the purpose of changing its registered office or registered agent, or both,
in the State	of Florida.	
SIGNATUR	RE: EMILIO CRUZ	
	Electronic Signature of Registere	d Agent Date
OFFICERS	AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	S () Delete CRUZ, EMILIO P.O. BOX 141802 MIAMI, FL 33114	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	P ( ) Delete CALZON, CARMEN P.O. BOX 141802 MIAMI, FL 33114	Title: D (X) Change ( ) Addition Name: CALZON, CARMEN Address: P.O. BOX 141802 City-St-Zip: MIAMI, FL 33114
Title: Name:	T () Delete IBARRA, ROBERTO SR	Title: ( ) Change ( ) Addition Name:

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SIGNATURE: EMILIO CRUZ S 11/13/2006