

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N05000002032

1. Corporation Name

Kiwanis Club of Lauderhill Eagles, Inc.

2. Principal Office Address - No P.O. Box #  
2744 NW 47 Terrace

3. Mailing Office Address  
2744 NW 47 Terrace

Suite, Apt. #, etc.  
n/a

Suite, Apt. #, etc.  
n/a

City & State  
Lauderdale Lakes

City & State  
Lauderdale Lakes

Zip  
33313

Country  
USA

Zip  
33313

Country  
USA

7. Name and Address of Current Registered Agent

Name  
Caroline Fyffe

Street Address (P.O. Box Number is Not Acceptable)  
2744 NW 47 Terrace

Suite, Apt. #, Etc.  
n/a

City  
Lauderdale Lakes

State  
FL

Zip Code  
33313

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Date 10/01/2007

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Secretary	Caroline Fyffe	2744 NW 47 Terrace	Lauderdale Lakes, FL 33313
Treasurer	Andrea McDermott	1868 N. University Drive, Suite 202A	Plantation, FL 33322
Director	Barbara Watson	2620 NW 43 Avenue	Lauderhill, FL 33313
President	Marjorie Walters	5171 W. Oakland Pk Blvd. Apt. P-303	Lauderdale Lakes, FL 33313

10. 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 contained in Chapter 119, 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 #

FILED

2007 OCT 12 PM 2:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida 02/28/2005

5. FEI Number  
36-4571563

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$3.75 Additional Fee required for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.