

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 NOV 13 AM 9:36

DOCUMENT # N07000000391
1. Entity Name
THE KIWANIS CLUB OF THE NORTH PALM BEACHES,
INC.



Principal Place of Business
628 INLET ROAD
NORTH PALM BEACH, FL 33408

Mailing Address
1586 PACKWOOD RD
NORTH PALM BEACH, FL 33408

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

10292008 REIN-NP CR2E099 (1/07)

4. FEI Number ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ASCOLI, ERIC
1586 PACKWOOD RD
NORTH PALM BEACH, FL 33408

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$236.25
After January 1, 2009, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME MAYES, THOMAS C
STREET ADDRESS 2177 RADNOR COURT JUNO ISLES
CITY-ST-ZIP NORTH PALM BEACH, FL 33408

TITLE V ☐ Delete
NAME HOWARD, MARSHALL
STREET ADDRESS 1108 MARINE WAY
CITY-ST-ZIP NORTH PALM BEACH, FL 33408

TITLE S ☐ Delete
NAME ALLEN, MARGARET L
STREET ADDRESS 2406 SAN PIETRO CIRCLE
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE T ☐ Delete
NAME ASCOLI, ERIC
STREET ADDRESS 1586 PACKWOOD RD
CITY-ST-ZIP NORTH PALM BEACH, FL 33408

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000138036550
CITY-ST-ZIP 11/18/08--01013--011 **236.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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.

SIGNATURE: ERIC ASCOLI ERIC ASCOLI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov 5/2008 561-7767546

Date

Daytime Phone #