

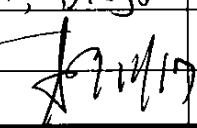
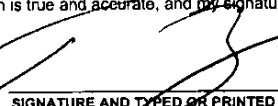
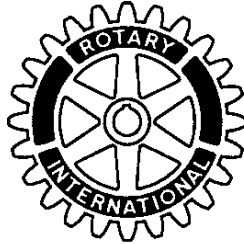


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 06 NOV 17 PM 12:49 SECRETARY OF STATE TALLAHASSEE, FLORIDA 800081894768 11/17/06--01013--005 **122.50 05-06 CR2E081 (12/05)	
DOCUMENT # N15724				
1. Corporation Name Rotary Club of Key Biscayne Foundation, Inc.				
2. Principal Office Address 50 West Mashta Dr Suite, Apt. #, etc. Suite # 6 City & State Key Biscayne, FL Zip 33149 Country Miami-Dade		3. Mailing Office Address 8200 NW 33 Street Suite, Apt. #, etc. Suite 400 City & State Miami, FL Zip 33122 Country Miami-Dade		
		4. Date Incorporated or Qualified To Do Business in Florida 07/07/86		
		5. FEI Number 587161019		
		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> 68.75 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Agent				
Name Robert L. Brookes				
Street Address (P.O. Box Number is Not Acceptable) 8200 NW 33 Street				
Suite, Apt. # Etc. Suite 400				
City Miami		State FL	Zip Code 33122	
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 11/14/06		
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	
D	GOLDSTEIN, Julian	2730 SW 3 rd Ave #203	Miami, FL 33129	
PD	LANCASTER, Kenneth	50 West Mashta Dr. #6	Key Biscayne, FL 33149	
TD	BROOKES, Robert	8200 NW 33 St. Suite 400	Miami, FL 33122	
D	BETTANCOURT, Diego	260 Crandon Blvd #32	Key Biscayne, FL 33149	
				
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: 		Robert L. Brookes, Dir & Treasurer 11/14/06 305-418-6000		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>	



ROTARY CLUB OF KEY BISCAYNE FOUNDATION , INC
c/o Robert Brookes, Treasurer 8200 NW 33rd Street, Suite 400, Miami, FL 33122
305.418.6000 extension 270

November 14, 2006

Florida Department of State
Division of Corporations
Reinstatement Division


Your Ref: Document **N15724**

Dear Sirs:

Please reinstate our not-for-profit corporation with the data attached. The registration form for 2005 and 2006 were not forwarded to me by the Post Office when my offices moved in mid 2004. This inadvertent error caused the lapse in our registration. Please proceed to process our renewal and rescind the revocation.

If you have any questions please feel free to contact me at (305) 418-6000.

Yours sincerely,



Robert L. Brookes
Treasurer and Director

ENCL: - Corporation Reinstatement Form
 - Check in the amount of \$122.50 covering 2005 and 2006