PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR 23 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N16677

1. Corporation Name: Rotary Club of ALLapattah, INC

REINSTATEMENT 01-04

400033588644
04/22/04--01060--018 **603.75

2. Principal Office Address	3. Mailing Office Address
c/o OTTIS DAVIS	
Suite, Apt. #, etc.: 4331 S.W. 16th Ave	Suite, Apt. #, etc.
City & State: MIRAMAR FL	City & State
Zip: 33027 Country: BROWARD	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 9/8/1986

5. FEI Number: 650217556 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required

7. Name and Address of Current Registered Agent

Name: Lennon G. Adams, Jr.

Street Address (P.O. Box Number is Not Acceptable): 19920 S.W. 87 Place

Suite, Apt. #, Etc.:

City: Miami State: FL Zip Code: 33157

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: [signature] Date: 4-19-04

REGISTERED AGENT MUST SIGN

CR2E181 (01/04)

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
P	OTIS DAVIS	4331 S.W. 16 Ave	MIRAMAR, FL. 33027
T	JAMES J HUTSON, M.D.	5300 W. 16 Ave	Hialeah, FL. 33012
S	Lennon Adams	19920 S.W. 87 Place	Miami, FL. 33157
D	Valarie Davis Bailey	701 S.W. 27 Ave #707	Miami, Fl. 33135
D	Leroy Smith	3241 11th Place	Miami, Fl 33127
D	Wilbert Holloway	16231 N.W. 201 St	Miami, Fl.

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 under section 119.07(3)(i), 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] 4-19-04 (305)253-3832

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

LENNON ADAMS, Secretary

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