



2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N22273 1. Entity Name MIAMI NORTHSIDE OPTIMIST CLUB, INC.					
Principal Place of Business 2326 NW 84 ST. MIAMI, FL 33147 US				Mailing Address PO BOX 470175 MIAMI, FL 33147 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	

FILED
06 APR 28 AM 7:43
 MIAMI, FLORIDA



04242006 REIN-NP CR2E099 (11/05) **05-06**

Applied For ☒ Not Applicable

4. FEI Number
65-0123370

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

6. Name and Address of Current Registered Agent HARDEN, TERRY SR 1367 N W 58 ST MIAMI, FL 33142	7. Name and Address of Now Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>
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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 *Terry Harden*
Signature, typed or printed name of registered agent and title if applicable

4/6/06
DATE

FILE NOW!!! FEE IS \$297.50

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	STD ROLLE, ANGELA <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	190 NE 213TH ST		NAME		
STREET ADDRESS	MIAMI, FL 33132		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VD <input checked="" type="checkbox"/> Delete		TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	POWELL, AHMAD		NAME	<i>James Bell</i>	
STREET ADDRESS	21410 N W 91 ST		STREET ADDRESS	<i>14120 NW 32nd Ave</i>	
CITY-ST-ZIP	MIAMI, 33 14747		CITY-ST-ZIP	<i>Miami, FL</i>	
TITLE	<input type="checkbox"/> Delete		TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<i>Jehovan Washington</i>	
STREET ADDRESS			STREET ADDRESS	<i>2326 NW 84 ST</i>	
CITY-ST-ZIP			CITY-ST-ZIP	<i>MIAMI, FL 33141</i>	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Angela Rolle*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/06
Date

786-367-2318
Daytime Phone #