2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N26302

FILED Oct 15, 2004 Secretary of State

Entity Name: KIWANIS CLUB OF WESTCHESTER INC.

Current Principal Place of Business: New Principal Place of Business: PO BOX 44-0691 MIAMI, FL 331440691 **Current Mailing Address: New Mailing Address:** PO BOX 44-0691 MIAMI, FL 331440691 FEI Number: 65-0050757 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VICENS ROLANDO ALEXIS, PERDOPMO SEC 10475 SW 22 STREET 10475 SW 22 STREET MIAMI, FL 331657911 US MIAMI, FL 331657911 US 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. SIGNATURE: ALEXIS PERDOMO 10/15/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MORMENEO, FRANK Name: Name: Address: 4601 SW 142 PL. Address: City-St-Zip: MIAMI, FL 33175 City-St-Zip: Title: Title: () Delete () Change () Addition PERDOMO, ALEXIS Name: Name: Address: 10475 SW 22 STREET Address: City-St-Zip: MIAMI, FL 331657911 City-St-Zip: Title: () Delete Title: () Change () Addition SANTAYANA, PATRICIA Name: Name: 10475 SW 22 STREET Address: Address: City-St-Zip: MIAMI, FL 331657911 City-St-Zip: Title: () Delete Title: (X) Change () Addition CRUZ, MARY ÁLICE Name: Name: BUSTAMANTE, RODOLFO 235 PONCE DE LEON BLVD 5400 SW77 CT Address: Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: MIAMI, FL 33134 Title: Title: () Delete () Change () Addition CARRERAS, ALVARO Name: Name: 7891 SW 57 TERR Address: Address: City-St-Zip: MIAMI, FL 33143 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALVARO CARRERAS Т 10/15/2004