

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 NOV -4 PM 1:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N26302

**1. Corporation Name**

Kiwanis Club of Westchester, Inc.

300024410193  
11/04/03--01036--014 \*\*183.75

**2. Principal Office Address**

P.O. Box 44-0691

**3. Mailing Office Address**

P.O. Box 44-0691

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33144-0691

Country

U.S.A.

Zip

33144-0691

Country

U.S.A.

**4. Date Incorporated or Qualified  
To Do Business in Florida**

5/5/1988

**5. FEI Number**

65-0050757

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT** 01-03

**7. Name and Address of Current Registered Agent**

Name

Alexis Perdomo

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

10475 SW 22 Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33165-7911

**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 10/28/2003

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
P	Patricia Santayana	10475 SW 22 Street	Miami, FL 33165-7911
V	Mary Alice Cruz	235 Ponce de Leon Blvd	Coral Gables, FL 33134
S	Alexis Perdomo	10475 SW 22 Street	Miami, FL 33165-7911
T	Alvaro Carreras	7891 SW 57 Terrace	Miami, FL 33143
D	Frank Mormeneo	4601 SW 142 Place	Miami, FL 33175

**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] Alexis Perdomo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/2003

Date

305-552-3778

Daytime Phone #

CR2E081 (10/02)