PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

API	PLICATION FOR	Sandr	ARTMENT OF STATE a B. Mortham etary of State			
I DEINICTATEMIENIT 13822 37			SION OF CORPORATIONS		FILED	
DOCUMENT # N 28495 1. Corporation Name				98	98 MAR 26 PM 4: 09	
. KIWANIS CLUB OF LAUDERHILL				SEI	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Pl	lace of Business 4714 NW 5th Court Plantation,Fla 333	Mailing Address 4714 NW 5th 117 Plantatio		nrili07	TATEMENT97-98	
	ddresses are incorrect in any way, line throncipal Office Address, If Applicable		n and enter correction below. Address, If Applicable	4. Date incorpo	rated or Qualified	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		To Do Busine	9-23-88	
City & State		City & State		59-2192400 Not Applicable		
Zip	Country	Zıp	Country	6. CERTIFICATE	OF STATUS DESIRED S8.75 Additional Fee required to a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors)						
Title(s)	Name of Officers and/or Directors 2	3	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box N	ŗ	City / State / Zip	
P/D	LATHAM, RICHARD M. 4714 NW				Plantation, Fla 333173	
D.	MARSALA, PRISCILLA	45 NW 121st Avenu	ne	Sunrise, Fla 33323		
D. TROPEPE, LESLIE 6543 NW 1			43 NW 16th Street	6th Street Lauderhill, Fla 33313		
D.	D. LATHAM, CAROLE		4714 NW 5th Court		Plantation,Fla 33317	
•				70	10002475027—8 -04/01/9801005007	
				i	************************************	
				9. Name and Ad	9. Name and Address of New Registered Agent	
LATHAM, RICHARD M.					(1861)	
	4714 NW 5th Court Plantation, Florida	22217	Street Address (F	Street Address (P.O. Box Number is Not Acceptable)		
	Trancacion, Piorida	33317	Suite, Apt. #, Etc.	-04\01\3801000000		
City ************************************						
10. I, being appointed the redistered agent of the province and accept the obligations of Section 607.0505, F.S.						
Signature of Registered Agent Date 3.20.98						
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No XX (See other side for information on intangible tax.)						
12. 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.						
1x hannam					32098	
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					(954) 583-5717 Date Daytime Phone #	