## 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N44097

FILED Nov 04, 2005 Secretary of State

Entity Name: KIWANIS CLUB OF KEY BISCAYNE, INC.

_	Principal Place of Business:	New Principal Place of Business:
	NDON BLVD, #104 CAYNE, FL 33149 US	
Current N	Mailing Address:	New Mailing Address:
	NDON BLVD, #104 CAYNE, FL 33149 US	
n accordar	r: 65-0336509 FEI Number Applied For() nce with s. 607.193(2)(b), F.S., the corporation did n d Address of Current Registered Agent:	FEI Number Not Applicable ( ) Certificate of Status Desired ( ) not receive the prior notice.  Name and Address of New Registered Agent:
SUAREZ, 240 CRAN	, ALBERTO NDON BLVD., STE. 104 CAYNE, FL 33149 US	Nume and Address of New Registered Agents
	e named entity submits this statement for the te of Florida.	purpose of changing its registered office or registered agent, or both,
SIGNATU	JRE: ALBERTO SUAREZ	
	Electronic Signature of Registered Ag	gent Date
FFICER	RS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
ïtle: lame: ddress: city-St-Zip:	D () Delete PEREZ, JULIAN 8121 S W 35 TERR MIAMI, FL 33155	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
lame: .ddress: city-St-Zip: itle: lame: .ddress:	PEREZ, JULIAN 8121 S W 35 TERR MIAMI, FL 33155 P ( ) Delete SUAREZ, ALBERTO 240 CRANDON BLVD., SUITE 104	Name: Address:
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lame: .ddress:	PEREZ, JULIAN 8121 S W 35 TERR MIAMI, FL 33155  P () Delete SUAREZ, ALBERTO 240 CRANDON BLVD., SUITE 104 KEY BISCAYNE, FL 33149  D () Delete MARTI, SERGIO, 77 CRANDON BLVD #5C KEY BISCAYNE, FL  D () Delete PEREZ, MAYRA 8121 SW 35 TERR MIAMI, FL  S () Delete MCELHANEY, CATHY 88 W. MCINTYRE ST.	Name: Address: City-St-Zip:  Title: P (X) Change () Addition Name: LOPEZ ONA, MARTA Address: 77 CRANDON BLVD. #9D City-St-Zip: KEY BISCAYNE, FL 33149  Title: () Change () Addition Name: Address: City-St-Zip:  Title: () Change () Addition Name: Address: 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: ROBERT OLDAKOWSKI T 11/04/2005