2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N46887

FILED Oct 21, 2005 Secretary of State

Entity Name: KIWANIS CLUB OF MIRAMAR - PEMBROKE PINES, INC.

Current Principal Place of Business: New Principal Place of Business:

8374 PINES BLVD 701 S W 109 AVE

PEMBROKE PINES, FL 33026 US 108

PEMBROKE PINES, FL 33025 US

Current Mailing Address: New Mailing Address:

8374 PINES BLVD P O BOX 821822

PEMBROKE PINES, FL 33026 US SOUTH FLORIDA, FL 33082 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

DOBIN, EDWARD SANTELICES, ERNEST L PD

8374 PINES BLVD 701 S W 109 AVE.

PEMBROKE PINES, FL 33026 US 109 PEMBROKE PINES, FL 33025 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: ERNEST SANTELICES 10/21/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 DOBIN, EDWARD
 Name:
 SANTELICES, ERNEST L

 Address:
 8374 PINES BLVD
 Address:
 701 S W 109 AVE. #108

City-St-Zip: PEMBROKE PINES, FL 33026 City-St-Zip: PEMBROKE PINES, FL 33025 US

Title: S () Delete Title: S (X) Change () Addition Name: KRYSTY, TED Name: SANTELICES, LOUISE S

Address: 16748 SW 16TH STREET Address: 701 S W 109 AVE. #108
City-St-Zip: PEMBROKE PINES, FL 33027 City-St-Zip: PEMBROKE PINES, FL 33025

Name:ROBERTSON, WILLIAM AName:DOMINGUEZ, ISABELAddress:8915 MIRAMAR PKWYAddress:160 S FLAMINGO ROADCity-St-Zip:MIRAMAR, FL 33025City-St-Zip:PEMBROKE PINES, FL 33027

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: ERNEST SANTELICES PD 10/21/2005