

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**  
 09 APR 14 AM 10:50  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**CORPORATION  
 REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N46887**

1. Corporation Name

Kiwanis Club of Miramar-Pembroke Pines, Inc.

2. Principal Office Address - No P.O. Box #

7840 NW 30th Street

3. Mailing Office Address

P.O. Box 821822

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Davie, Florida

City & State

South Florida, Florida

Zip

33024

Country

US

Zip

33082

Country

US

4. Date Incorporated or Qualified  
 To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
 for a Certificate of Status

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

Name

David Lockhart

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

7840 NW 30th Street

Suite, Apt. #, Etc.

City

Davie

State

FL

Zip Code

33024

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*David A. Lockhart*

Date 3/31/2009

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
PD	Bryce, Richard	565 SW 180th Ave	Pembroke Pines, FL 33029
S	Miner, Joanne	12004 Miramar Pkwy	Miramar, FL 33025
T	Kidane, Oona	3064 North Commerce Pkwy	Miramar, FL 33025
D	Lockhart, David	7840 NW 30th Street	Davie, FL 33024

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 contained in Chapter 119, 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:

*David A. Lockhart*

David A. Lockhart, Director

3/31/2009

305-525-7165

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4/14/09*