


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	 95-97 Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

97 SEP 26 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000002675**

1. Corporation Name

Kiwanis Club Coral Gables-Latin, Inc.

Non profit Organization

Principal Place of Business

Mailing Address

**7148 SW 8th Street
Miami, Florida 33144**

same

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
same

3. New Mailing Office Address, If Applicable
same as #1

4. Date Incorporated or Qualified
To Do Business in Florida **May 27, 1994**

Suite, Apt. #, etc. **n/a**

Suite, Apt. #, etc.

5. FEI Number

☒ Applied For
☐ Not Applicable

City & State
Miami, Florida

City & State

Zip **33144**

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pre.	Julio Pichs (D)	7148 SW 8th Street	Miami, Florida 33144
Sec.	Cesar A. Dalmau (D)	7148 SW 8th Street	Miami, Florida 33144
Tres.	Silvio Santana (D)	780 NW 42 Ave	Miami, Florida 33126

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******358.75 ****358.75**

8. Name and Address of Current Registered Agent

**Juan A. Jimenez
8150 SW 8th St. #203
Miami, Florida 33144**

9. Name and Address of New Registered Agent

Name **Pedro S Goderich**

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

780 NW 42 Ave

Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33126

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date **5/8/97**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/97

Date

305 569-508

Day Phone #
5508

CF2E040 (12/96)