H00000062425 4 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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DOCUMENT # N94000002675

1. Corporation Name

KIWANIS CLUB CORAL GABLES LATIN, INC.

REINSTATEMENT 98-00

2. Principal Office Address	3. Mailing Office Address
782 NW 42nd Avenue	782 NW 42nd Avenue
Suite, Apt. #, etc.: Suite # 328	Suite, Apt. #, etc.: Suite # 328
City & State: Miami, FLorida	City & State: Miami, FLorida
Zip: 33126 Country: US	Zip: 33126 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 05/27/1994

5. FE! Number: 65-0495620 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED [X] $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: AQUILES R. SOLANO

Street Address (P.O. Box Number is Not Acceptable): 782 NW 42nd Ave

Suite, Apt. #, Etc.: Suite # 328

City: miami State: FL Zip Code: 33126

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: _____ REGISTERED AGENT MUST SIGN

Date: Nov. 29,2000

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
P	JOSE MARINA	782 NW 42nd Ave # 328	Miami, Fl 33126
S	Leticia Ramos	782 NW 42nd Ave # 328	MIami, Fl 33126
T	Aquiles R. Solano	782 NW 42nd Ave # 328	Miami, Fl 33126
D	Fernando Bonetti	782 NW 42nd Ave # 328	Miami, Fl 33126
D	Jorge F. Sixto	782 NW 42nd Ave # 328	Miami, Fl 33126
D	Aleida Leal	782 NW 42nd Ave # 328	Miami, Fl 33126
D	Norma Strydio	782 NW 42nd Ave # 328	MIami, Fl 33126

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 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.

AD

SIGNATURE: _____ Aquiles R. Solano — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov. 29,2000 — Date

305-441-2606 — Daytime Phone #

TOTAL P.02

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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From:
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Account Number : 071001002335
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Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

KIWANIS CLUB CORAL GABLES LATIN, INC.

Certificate of Status	1
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