

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JUN -1 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000005963

1. Corporation Name
KIWANIS CLUB OF POMPANO BEACH, WESTSIDE, FLORIDA, INC.

400076202694
06/14/06--01040--002 **796.25

REINSTATEMENT 97-06
CR2E081 (12/05)

2. Principal Office Address
730 NW 18th Street

3. Mailing Office Address
730 NW 18th Street

Suite, Apt. #, etc.

City & State
Pompano Beach, FL

City & State
Pompano Beach, FL

Zip Country
33060 Broward

Zip Country
33060 Broward

4. Date Incorporated or Qualified
To Do Business in Florida 12/15/1994

5. FEI Number Applied For
650-56-9239 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
E. Pat Larkins

Street Address (P.O. Box Number is Not Acceptable)
1534 NW 4th Avenue

Suite, Apt. #, Etc.

City State Zip Code
Pompano Beach FL 33060

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 *E. Pat Larkins* Date 5/20/06
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	Annie Grace Edwards	730 NW 18th Street	Pompano Beach, FL 33060
VD	Kenneth Thurston	4877 NW 67th Avenue	Lauderhill, FL 33319
SD	Pauline Hixon	261 NE 22nd Street	Pompano Beach, FL 33060
TD	Joseph Smith	501 NW 3rd Way	Pompano Beach, FL 33060
D	Carolyn McDougal	632 NW 21st Court	Pompano Beach, FL 33060

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: *Annie Grace Edwards* Annie Edwards 5-20-06 (954) 943-5662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #