2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 15, 2004
Secretary of State

DOCUMENT# N99000001575

Entity Name: KIWANIS OF WESTCHESTER YOUTH FOUNDATION, INC.

Current Principal Place of Business:

PO BOX 44-0691
MIAMI, FL 331440691

New Principal Place of Business:

Current Mailing Address:

PO BOX 44-0691
MIAMI, FL 331440691

New Mailing Address:

FEI Number: 65-0050757 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **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:

PERDOMO, ALEXIS
10475 SW 22 STREET
MIAMI, FL 331657911 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SANTAYANA, PATRICIA
Address: 10475 SW 22 STREET
City-St-Zip: MIAMI, FL 331657911

Title: V ( ) Delete
Name: CRUZ, MARY A
Address: 235 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33134

Title: S ( ) Delete
Name: PERDOMO, ALEXIS
Address: 10475 SW 22 STREET
City-St-Zip: MIAMI, FL 331657911

Title: T ( ) Delete
Name: CARRERAS, ALVARO
Address: 7891 SW 57 TERR
City-St-Zip: MIAMI, FL 33143

Title: D ( ) Delete
Name: MORMENEO, FRANK
Address: 4601 SW 142 PLACE
City-St-Zip: MIAMI, FL 33175

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change ( ) Addition
Name: BUSTAMANTE, RODOLFO
Address: 5400 SW 77 CT
City-St-Zip: MIAMI, FL 33155

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ALVARO CARRERAS T 10/15/2004

Electronic Signature of Signing Officer or Director — Date