

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

9102

APPLICATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 NOV 18 AM 8:01

DOCUMENT # P01000121917

1. Corporation Name

KIWANIS OF THE WEST SIDE FUND II CORP.

Principal Place of Business

27 BRISTOL LANE  
BOYNTON BEACH FL 33436

Mailing Address

27 BRISTOL LANE  
BOYNTON BEACH FL 33436



300008697653

10/30/02--01050--004 \*\*150.00

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

12/28/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEEL Number

65-0363343

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. 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 (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	GREENSTONE, JUDITH	27 BRISTOL LANE	BOYNTON BEACH FL 33436

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GREENSTONE, JOSEPH  
27 BRISTOL LANE  
BOYNTON BEACH FL 33436

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

Joseph H Greenstone

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-22-02

11. 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

Judith S Greenstone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-22-02 561-738-1913

Date

Daytime Phone #

CR2E040 (8/02)

10/22/02 Pg 2 of 2

To Florida Department of State  
Application for reinstatement.

Dear Sirs,

I never received an application  
or form to pay this license fee.

Enclosed please find a check  
for \$150.00.

Thanking you in advance for  
excluding the penalty fee,

Sincerely yours

Judith Greenstone