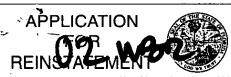
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE DIVISION OF CORPORATIONS

02 NOV 18 AM 8: 01



FLORIDA DEPARTMENT OF STATE Jim Smith 🖰

Secretary of State **DIVISION OF CORPORATIONS**

P01000121917 **DOCUMENT #**

1. Corporation Name

KIWANIS OF THE WEST SIDE FUND II CORP.

Principal Place of Business Mailing Address										
27 BRISTOL		27 BRISTOL	27 BRISTOL LANE BOYNTON BEACH FL 33436			30003697653				
							10/30,	/0201050004 **	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							Date Incorporated or Qualified			
				Ant # etc			To Do Business in Florida 12/28/2001			
				Suite, Apt. #, etc.			55 FEI Number 6 3633 43 Applied For Not Applicable			
City & State			City & State	City & State						
Zip Country		Zip	Žip		y	CERTIFICATE OF STATUS DESIRED S8.75 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)										
Title ⁴ s)	Title (1) 2 Name of Officers and/or Directors			Stre 3				City / State / Zip		
	GREENSTONE, JUDITH			27 BRISTOL LANE				BOYNTON BEACH FL 33436		
								<u> </u>		
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent Name				
GREENSTONE, JOSEPH						Name				
27 BRISTOL LANE					Street Address (F			P.O. Box Number is Not Acceptable)		
BOYNTON BEACH FL 33436					Suite, Apt. #, Etc.			Š		
					City			State 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.										
	Jo	seph H	Aler	usto	NR	?				
Signature of Registered		right !	heno/4	a Polic	QU	IRED		Date	1.02	
REGISTERED AGENT MUST SIGN										
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 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 certification, 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										

SIGNATURE

20/22/02 Po 252 Deside Deforment State Application for reinstatement. Dear Sers, -Inever received an application or form to Bay this lecense fee. Enclosed please find a check for 150.00. for \$150,00. Thanking you in advance for excluding the Benelty Lee, Sincerely yours field the greenstone