

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

02 DEC 31 AM 7:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 755713

1. Corporation Name

KENLAND BEND SOUTH

800009766988

12/31/02--01053--004 \*\*236.25

2. Principal Office Address

14275 SW 142 AVE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SAME

City & State

Miami, FL 33186

City & State

SAME

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

592159371

Applied For

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

MIAMI MANAGEMENT

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

14275 SW 142 AVE

Suite, Apt. #, Etc.

City

Miami

State  
FL

Zip Code

33186

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

12/20/02

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	RODOLFO BARRERA	14275 SW 142 AV	Miami, FL, 33186
VPD	FRANCISCO FERRAZ	14275 S.W 142 AV	Miami, FL, 33186
TD	GUILLERMO AUSTRIA	14275 SW 142 AV	Miami, FL, 33186
SD	JAVIER GIRAUD	14275 SW 142 AV	Miami, FL, 33186

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/20/02 305-279-5147

Daytime Phone #

CR2E081 (9/01)

95 1/3