

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JAN 29 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02 0000 44 100

1. Corporation Name

CKW Investment Corporation

2. Principal Office Address

5521 NW 74 AVE

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33166

Country

Miami Dade

3. Mailing Office Address

10008 W. Flagler St

Suite, Apt. #, etc.

#184

City & State

Miami, Florida

Zip

33174

Country

Miami Dade

REINSTATEMENT 03-04

4. Date Incorporated or Qualified To Do Business in Florida

04-23-02

5. FEI Number

01-0685049

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

CARLOS A. Valencia

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

10008 W. Flagler St

Suite, Apt. #, Etc.

#184

City

Miami, FL 33174

600027766016450.00

01/29/04--01020--002 **190.00

600027766016

01/29/04--01020--003 **203.75

State

FL

Zip Code

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date 01-06-2004

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
P	<u>Carlos A. Valencia</u>	<u>10008 W. Flagler St #184</u>	<u>Miami, FL 33174</u>
VP.	<u>Adriana Cordona</u>	<u>12855 S.W. 17th</u>	<u>Miami, FL 33175</u>

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

01-06-2004 (786) 488-6199

Date

Daytime Phone #

CR2E081 (11/02)