

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 APR 13 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000016357

1. Corporation Name

KIEWSIDA COMPANY, INC

REINSTATEMENT 05-07
CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #
1750 S. FEDERAL HIGHWAY

3. Mailing Office Address

Suite, Apt. #, etc.
SUITE A2

Suite, Apt. #, etc.

City & State
DELRAY BEACH, FL

City & State

Zip Country
33483-3308 USA

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **02/05/2003**

5. FEI Number
59-3766519

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
LAMPHOU KIEWSIDA

Street Address (P.O. Box Number is Not Acceptable)
1750 S. FEDERAL HIGHWAY

Suite, Apt. #, Etc.
A2

City
DELRAY BEACH

State Zip Code
FL 33483

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 *[Signature]*

Date **04/10/07**

REGISTERED AGENT MUST SIGN

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/S	KIEWSIDA, LAMPHOU	1750 S FEDERAL HIGHWAY	DELRAY BEACH, FL 33483

800097357318
04/10/07 01038-010 **450.00

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 contained in Chapter 119, 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/10/07

Date

561-7897224

Daytime Phone #