

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000115228 1. Entity Name KAVA INSURANCE & FINANCIAL SERVICES CORP	
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FILED
08 OCT 16 PM 12:23

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 08
10132008 REIN-P CRZE09B (1/07)

Principal Place of Business 12154 SW 50TH COURT COOPER CITY, FL 33330	Mailing Address PO BOX 770094 CORAL SPRINGS, FL 33077
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address PO BOX 290116
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State DAVIE FLORIDA
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Zip-	Country	Zip 33329	Country (BRUNSWICK)
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4. FEI Number 261264088	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BORGES, MARIA A 12154 SW 50TH COURT COOPER CITY, FL 33330	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Maria Borges* **MARIA BORGES** 10/13/08
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	Delete <input type="checkbox"/>	TITLE 100136979241	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME BORGES, MARIA A		NAME	
STREET ADDRESS 12154 SW 50 CT		STREET ADDRESS	
CITY-ST-ZIP COOPER CITY, FL 33330		CITY-ST-ZIP	
TITLE VP	Delete <input type="checkbox"/>	TITLE 10/16/08--01030--018	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME MENDEZ, JAIME		NAME	
STREET ADDRESS 12154 SW 50TH COURT		STREET ADDRESS	
CITY-ST-ZIP COOPER CITY, FL 33330		CITY-ST-ZIP	
TITLE VP	Delete <input type="checkbox"/>	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME LALBHADOORSINGH, VLADIMIR		NAME	
STREET ADDRESS 1601 NW 108TH AVENUE #128		STREET ADDRESS	
CITY-ST-ZIP FT LAUDERDALE, FL 33322		CITY-ST-ZIP	
TITLE	Delete <input type="checkbox"/>	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	Delete <input type="checkbox"/>	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with the name of the empowered.

SIGNATURE: *Maria Borges* **Maria Borges** 10/13/08 **754 246 3311**
Signature and typed or printed name of signing officer or director Date Daytime Phone #