## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS FILED

01 JAN -9 PH 3: 44

## **DOCUMENT#** P17170

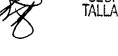
1. Corporation Name

KING OC	EAN SER	IVICE DE	VENEZUEL	.A, S.	.Α.
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Principal Place of Business Mailing Address

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



SECRETARY OF STATE TALLAHASSEE, FLORIDA

- 1 (\$65) \$60 (\$1 \$15) (\$600) (\$60) (\$50) \$60) \$10) \$100 \$200 \$100 \$100 \$100 \$100 \$100

		MIAMI FL 33	FL 33126						
If above a	ddresses are	incorrect in any way, line	through incorrect in	nformation and	enter correction below.	REINS	STATEM	NT 2	$\mathcal{M}$
		ing Office Address, If Applicable		4. Date Incorp	oorated or Qualified ness in Florida	ما تابع			
Suite, Apt. #, etc. Suite, Apt.		Suite, Apt. #	, etc.				12/11/1987		
City & State City & State		City & State			5. FEI Numbe		<u> </u>	Applied For	
City & State		Ony & Clark			6.	98-0080252		Not Applicable	
Zip		Country	Zip	C	Country	1 -	E OF STATUS DESIRED [		onal Fee required icate of Status
7. Names a	and Street Ad	dresses of Each Officer a	nd/or Director (Flo	rida nonprofit c	orporations must list at le	east 3 directors	000035		
Title(s) Name of Officers and/or Directors 1 2		Street Address of Each Officer and/or Director			-01/29/0101005007 ***2708 <sup>ity</sup> 08 <sup>ate</sup> 4 <sup>Zi</sup> ***900.00				
~ <b>PU</b> ~	MANSUR, LUIS			TORRE LAS MERCEDES,#502E		C <del>aracas; ven</del> ezuela			
- <del>VD</del>	- GOMEZ, FRANK DACOSTA			TORRE LAS MERCEDES,#502E		CARACAS, VENEZUELA			
<del>D</del> -	COLMENARES, LUIS MIGUEL			TORRE LAS MERCEDES,#502E		GARACAS, VENEZUELA			
T	PERDONO, CARLOS PERCOLOMO,			7570 N W 14TH STREET		MIAMI FL 33126			
$\mathcal{D}$	' <u>-</u>		7570 nw 1451		Miami, FC 3312C		ASC.		
							'		
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent			
					Name		•		(00/
PERDONO, CARLOS				Street Address (P.O. Box Number is Not Acceptable)				CR2E040 (8/00)	
7570 NW 14TH STREET			0.4-14.4.51						
MIAM	FL 33126	•			Suite, Apt. #, Etc	u.			
					City			State Zip Coo	de
10. I, being	appointed the	registered agent of the	bove named corpo	oration, am fami	liar with and accept the c	obligations of Secti	ion 607.0505, F.S.	<u> </u>	
Signature of Registered	Agent <u></u>	. M	Ma	i	ZZ KAD		Date 1	10/8	
			REGISTERED AG	ENI MUSI SIG	J J		•		
this rein:	statement app	fficer or director or the rec plication, the reason for dis	ssolution has been	eliminated, the	corporate name satisfies	s the requirements	of section 607.0401 or	617.0401, F.S.,	that all fees