PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 MAY 21 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT: S17980

1. Corporation Name

K & K DIRECT MARKETING, INC.

Principal Place of Business | Mailing Address

REINSTATEMENT 95-97

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
1221 Brickell Avenue	Same as principal office
Suite, Apt. #, etc. Suite 1590	Suite, Apt. #, etc.
City & State Miami, Florida	City & State
Zip 33131 Country USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida December 12, 1990

5. FEI Number 65-0256498 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PST	Andres Numhauser	1221 Brickell Avenue Suite 1590	Miami, Florida 33131
D	Patricio Kreutzberger	1221 Brickell Avenue Suite 1590	Miami, Florida 33131
			100002193011--9 -05/28/97--01044--007 ***1080.00 ***1080.00

5/22/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: Jose A. Bolanos
Street Address (P.O. Box Number is Not Acceptable): 2121 Ponce de Leon Boulevard
Suite, Apt. #, Etc.: Suite 600
City: Coral Gables State: FL Zip Code: 33134

CR2E040 (12/96)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Jose A. Bolanos REGISTERED AGENT MUST SIGN Date: May 16 1997

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 16, 1997 Date

(305) 373-2022 Daytime Phone #