

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # S37355 (2)

1. Corporation Name

KASU CORPORATION

Principal Place of Business

Mailing Address

Riera and Fuente C.P.A.'s
340 Sevilla Ave.
Coral Gables, FL 33134

Riera and Fuente C.P.A.'s
340 Sevilla Ave.
Coral Gables, FL 33134

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

2. New Principal Office Address, If Applicable
1333 S. Miami Ave.

3. New Mailing Office Address, If Applicable
1333 S. Miami Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 100

Suite 100

City & State
Miami, FL

City & State
Miami, FL

Zip
33130

Country
U.S.A.

Zip
33130

Country
U.S.A.

FILED

97 APR -7 AM 8:54

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

03/08/91

5. FEI Number

65-0293685

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	KASWALDER, Jorge A.	2333 Brickell Ave. # 1410	Miami, FL 33129

8. Name and Address of Current Registered Agent

AMKGS REGISTERED AGENTS INC.
1980 Sunbank International Center
One E Third Ave.
Miami, FL 33131

9. Name and Address of New Registered Agent

Name
Raul J. SANCHEZ DE VARONA
Street Address (P.O. Box Number is Not Acceptable)
1333 S. Miami Ave.
Suite, Apt. #, Etc.
Suite 100
City
Miami
State
FL
Zip Code
33130

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

REGISTERED AGENT MUST SIGN

Date

4/1/97

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED04C (1-2096)