

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 FEB -4 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **993000009574**

1. Corporation Name

Kompas USA, Inc.

2. Principal Office Address

2929 E. Commercial Blvd.

Suite, Apt. #, etc.

Suite 201

City & State

Ft. Lauderdale, Florida

Zip

33308

Country

Broward

3. Mailing Office Address

2929 E. Commercial Blvd.

Suite, Apt. #, etc.

Suite 201

City & State

Ft. Lauderdale, Florida

Zip

33308

Country

Broward

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-0388419

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

Timothy Mahon, ESQ

Street Address (P.O. Box Number is Not Acceptable)

2929 E. Commercial Blvd.

Suite, Apt. #, Etc.

Suite PH - C

City

Ft. Lauderdale

State

FL

Zip Code

33308

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

Date

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
PTD	Harrison, Norman	2929 E. Commercial Blvd., Suite 201	Ft. Lauderdale, FL 33308

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 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 #

01/30/2003

js 2/10/03

FRIEDMAN COHEN & TAUBMAN & Company

CERTIFIED PUBLIC ACCOUNTANTS

PRINCIPALS

ALLEN COHEN, CPA
RONALD S. FRIEDMAN, CPA
RICHARD F. PINKERT, CPA
ANDREW S. TAUBMAN, CPA

2 SOUTH UNIVERSITY DRIVE • SUITE 327
PLANTATION, FLORIDA 33324-3355
BROWARD: 954.472.2144
DADE: 305.655.2378
FACSIMILE: 954.472.9244
WEBSITE: WWW.FCTCPA.COM

OUR VISION:

To be a leader in the financial services industry through innovation, vision, and by taking calculated risks, without ever compromising our integrity and maintaining the highest ethical standards.

OUR MISSION:

To be each client's most trusted and effective financial advisor and a great place to work.

January 24, 2003

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Kompas USA, Inc
EIN. # 65-0388419

To Whom It May Concern:

Pursuing to my telephone discussion with your office today, I enclosed the check \$308.75 to reinstate the corporation to 2003. I was told that in the previous year, the UBR Form was returned to your office by post office. Due to the circumstances, I ask that you waive the reinstatement fee.

Sincerely,



Leonard Kinker

MEMBER