PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# APPLICATION FOR REINSTATEMENT

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

APPROVED
AM
FILED

97 DEC 17 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 314306

1. Corporation Name

KENIN, INC.

~~4099~~ 25619

| Principal Place of Business | Mailing Address |
|---|---|
| 1830 N.E. 163rd Street<br>No. Miami Beach, FL 33162-4867 | (Same) |

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

REINSTATEMENT 96-97

| 2. New Principal Office Address, If Applicable | 3. New Mailing Office Address, If Applicable |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. Date Incorporated or Qualified To Do Business In Florida: 2/17/67

5. FEI Number: 59-1170276 ☐ 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 |
|---|---|---|---|
| P/D | Kenin, Philip | 3995 N.E. 167 Street | No. Miami Beach, FL 33160 |
| S/T/D | Kenin, Marjorie | 3995 N.E. 167 Street | No. Miami Beach, FL 33160 |
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CHENIN, INC.
-12/23/97--01123--008
*****915.00 *****915.00

12/12/97

| 8. Name and Address of Current Registered Agent | 9. Name and Address of New Registered Agent |
|---|---|
| Philip Kenin<br>3995 N.E. 167 Street<br>No. Miami Beach, FL 33160 | Name<br>Street Address (P.O. Box Number Is Not Acceptable)<br>Suite, Apt. #, Etc.<br>City / State / Zip Code |

CHENIN, INC.
-12/23/97--01123--009
*****8.75

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: See attached — REGISTERED AGENT MUST SIGN — Date

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: Philip Kenin — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Philip Kenin

12/8/97 — Date

(305) 940-7804 — Daytime Phone #

PLEASE TYPE OR PRINT

# APPLICATION FOR REINSTATEMENT

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

• For RA Signature Only.

DOCUMENT #

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KENIN, INC.

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|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
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|---|---|---|---|
| P/D | Kenin, Philip | 3995 N.E. 167 Street | No. Miami Beach, FL 33160 |
| S/T/D | Kenin, Marjorie | 3995 N.E. 167 Street | No. Miami Beach, FL 33160 |
| | | | |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

Philip Kenin
3995 N.E. 167 Street
No. Miami Beach, FL 33160

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State FL | Zip Code

CR2E040 (12/96)

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