

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

00 MAR -2 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

855116

1. Corporation Name

A & K CORPORATION, S.A.

2. Principal Office Address

12118 S.W. 117th COURT

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33186

Country

U.S.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

REINSTATEMENT 95-00

4. Date Incorporated or Qualified
To Do Business in Florida

9/82

5. FEI Number

59-2229383

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

IGNACIO ACEVEDO

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

12118 S.W. 117th COURT

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code
33186

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 2/15/2000

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
PRES.	IGNACIO ACEVEDO	12118 S.W. 117th COURT	MIAMI, FL 33186
V/P	IGNACIO ACEVEDO	SAME	
SEC.	IGNACIO ACEVEDO	SAME	
TRES.	IGNACIO ACEVEDO	SAME	

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/2000(305)273-1040

Date

Daytime Phone #

ok to file no conflict scan

CR2E081 (9/99)