

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 MAY 17 PM 12:33

DOCUMENT # G 16797

1. Corporation Name

KMB TRADING CORP.

700004416777--6

-06/13/01--01008--007

****150.00 ****150.00

2. Principal Office Address

15039 SW 89 TERRACE RD.

3. Mailing Office Address

P O BOX DRAWER 2300

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33196

Country

USA

Zip

33116-2300

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12-1-82

5. FEI Number

59-2282413

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

AUBREY S HINDS

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

15039 SW 89 TERRACE ROAD

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33196

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

REGISTERED AGENT MUST SIGN

Date MAY 14, 2001

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
PD	HINDS, AUBREY S.	15039 SW 89 TERRACE ROAD	MIAMI, FL 33196
			SP

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 #