

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # H29715

1. Corporation Name

KAES U.S.A. INC.

Principal Place of Business

Mailing Address

~~800 E CYPRESS CRK RD #403~~

~~800 E CYPRESS CRK RD #403~~

~~SUITE 302~~

~~SUITE 302~~

~~FT. LAUDERDALE FL 33334~~

~~FT. LAUDERDALE FL 33334~~

~~US~~

~~US~~

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

2. New Principal Office Address, If Applicable

2101 W. Commercial Blvd

Suite, Apt. #, etc.

3500

FT Land FL

Zip 33309

Country

USA

3. New Mailing Office Address, If Applicable

2101 W. Commercial Blvd

Suite, Apt. #, etc.

ste 3500

FT Land FL

Zip

33309

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/05/1984

5. FEI Number

59-2530946

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 3	City / State / Zip 4
PVDS	KONIG, MARCOS	800 E CYPRESS CREEK ROAD #302 <u>2101 W Commercial Blvd</u> <u>ste 3500</u>	FORT LAUDERDALE FL <u>33309</u>

100003554521--8

-01/18/01--01103--004

****750.00 ****750.00

8. Name and Address of Current Registered Agent

KONIG, MARCOS

~~800 E CYPRESS CREEK RD., #403~~

~~FT. LAUDERDALE FL 33334~~

2101 W. Commercial Blvd # 3500

FT Land FL 33309

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

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 12/30/2000

11. 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 #

12/30/2000

(954) 938-2010

(304) 931-1184

KE



REINSTATEMENT

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CR2E040 (8/00)