

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



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

02 AUG -9 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

K34226

1. Corporation Name

Karen Confections, INC.

2. Principal Office Address

9554 SW 137th AVE

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33186

Country

3. Mailing Office Address

9554 SW 137th AVE

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33186

Country

800007070938--3

-08/13/02--01023--002

****450.00 ****450.00

4. Date Incorporated or Qualified
To Do Business in Florida

9/26/1988

5. FEI Number

650069406

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

Stephen A. Wayne

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

4601 Ponce De Leon BLVD

Suite, Apt. #, Etc.

Suite 310

City

Coral Gables

State

FL

Zip Code

33146

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
P	Victor Grande	13100 SW 105 th AVE	MIAMI FL 33176
S/T	Karen Grande	13100 SW 105 th AVE	MIAMI FL 33176

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 #

Victor Grande

8/3/2002 305 279 2224

CR2E081 (9/01)

8-3-02

To whom This may concern;

The corporate annual reports were mailed to the wrong address due to a move three years ago. The mailing address has been changed, therefore we did not receive the annual reports.

Enclosed is a check for \$450. for the past 3 yrs. annual fee's.

Thank you,

Vito Gaudy pres