

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

01/02/2002
TALL
CLERK OF COURT
DIVISION OF CORPORATIONS

02 FEB 25 AM 12:28

DOCUMENT # K80871

1. Corporation Name

AKL GROUP, INC.

2. Principal Office Address

161 MADEIRA AVE

Suite, Apt. #, etc.

MAILDROP 87

City & State

CORAL GABLES

Zip

33134

Country

MIAMI-DADE

3. Mailing Office Address

161 MADEIRA AVE

Suite, Apt. #, etc.

MAILDROP 87

City & State

CORAL GABLES

Zip

33134

Country

MIAMI-DADE

4. Date Incorporated or Qualified
To Do Business in Florida

4/12/1989

5. FEI Number

65-0122938

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

ENRIQUE LOPEZ

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

161 MADEIRA AVENUE

Suite, Apt. #, Etc.

MAILDROP 87

City

CORAL GABLES

State

FL

Zip Code

33134

100005044581-5

03/06/02 01005-023

***308.75 ***308.75

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

Enrique Lopez

REGISTERED AGENT MUST SIGN

Date

2/22/2002

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

33134

AD ENRIQUE LOPEZ 161 MADEIRA AVE, #87 CORAL GABLES, FL

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 #

Enrique Lopez

2/22/2002 (305) 5670084

CR2E081 (9/01)

AKL GROUP, Inc.

Information Technology
Consultants

February 22, 2002

State of Florida
Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

We are submitting our Corporation Reinstatement request for our corporation, AKL Group, Inc., a Florida profit corporation. We are also requesting consideration of a "one-time waiver" of associated reinstatement penalty fees as we did not receive any correspondence from the Department of State as to our corporation's renewal filing during the year 2001. We are not claiming that correspondence was not sent, only that we did not receive any.

Our track record since incorporating in filing on time is one we are proud of. We have not been able to identify where the process went wrong in our not receiving the renewal notice last year, however, it is our desire to maintain our corporation active within the State of Florida and adhere to the rules and regulations that govern it. We are submitting a check in the amount of \$ 308.75 to cover the corporate fees for the years 2001 and 2002, plus \$ 8.75 dollars for the Certificate of Status.

Thank you in advance for your assistance and consideration of our request. Please contact me at (305) 567-0084 or via e-mail at aklgroup@bellsouth.net to answer any pertinent questions. Best wishes.

Sincerely,


Enrique J. Lopez

