

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
02 MAR 28

DOCUMENT # **L00000011978**

1. Limited Liability Company's Name

KASSIS INTERNATIONAL LTD. CO
L00000011978

2. Principal Office Address

16950 N boy Rd

Suite, Apt. #, etc.

1407

City & State

SUNNY ISLES, FL

Zip

33160

Country

U.S.A

3. Mailing Office Address

16950 N boy Rd

Suite, Apt. #, etc.

1407

City & State

SUNNY ISLES, FL

Zip

33160

Country

U.S.A

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

09/25/2000

6. FEI Number

65-1080794

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name

MARIA ELISA LOPEZ

500005189265--6

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

16950 N boy Rd

-04/03/02--01038--027

Suite, Apt. #, Etc.

apt 1407

******200.00 ***200.00**

City

SUNNY ISLES

State

FL

Zip Code

33160

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Maria Elisa Lopez

REGISTERED AGENT MUST SIGN

Date **03/07/02**

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	Maria Elisa Lopez	16950 N boy Rd apt 1407	SUNNY ISLES FLORIDA 33160

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Maria Elisa Lopez

Date **03/07/02** Daytime Phone # **(305) 941 1288**

Typed or printed name of signing Managing Member/Manager

MARIA ELISA LOPEZ H.

CR20041 (9/01)

March 7, 2002

I opened my corporation last September 25 2001, but I did not received any Federal Identification number until two weeks ago when I found out that the IRS sent me a letter requesting me the tax return for that past year, in that letter appears my TIN but, I didn't get any notification of the TIN before.

Due to this fact, I could not do any business either opens an account.

I am asking you to keep this number to begin with my business as soon as possible.

I am filing the reinstatement and the annual report with this letter .

Please let me know if is something I am missing to do.

The address in the IRS envelope is wrong.

My information:

Name: MARIA ELISA LOPEZ

Address: 16950 N bay Rd suite 1407

Sunny Isles, Fl 33160

Telephone number: 305-9471288