

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
04 AUG -6 AM 8:42

DOCUMENT # M07230

1. Corporation Name
Kunkel-Wiese, Inc.

REINSTATEMENT 00-04

2. Principal Office Address Lot #6, Bruja Road		3. Mailing Office Address 8350 N.W. 52nd Terrace	
Suite, Apt. #, etc. Cocoli Industrial Area		Suite, Apt. #, etc. Suite #200	
City & State Cocoli, Panama		City & State Miami, Florida	
Zip	Country Rep. of Panama	Zip 33166	Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida		10/30/84
5. FEI Number 98-0067471	Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Brett Vogel, C.P.A.		
Street Address (P.O. Box Number is Not Acceptable) 19041 N.W. 77th Court		
Suite, Apt. #, Etc.		
City Miami	State FL	Zip Code 33015

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 Brett Vogel, C.P.A. Date 8/3/04
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/D/T	James J. Wiese	c/o B. Vogel, 19041 N.W. 77th Court	Miami, FL 33015
V/S	Frederick G. Kunkel	c/o B. Vogel, 19041 N.W. 77th Court	Miami, FL 33015

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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: James J. Wiese Date 8/3/04 Daytime Phone # 011-507-316-4027
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)