

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV 21 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M49470**

1. Corporation Name

KEBRA ENTERPRISES, INC.

Principal Place of Business

Mailing Address

~~2337 WEST FLAGLER STREET~~
MIAMI FL 33135-1524

~~2337 WEST FLAGLER STREET~~
MIAMI FL 33135-1524

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

2. New Principal Office Address, If Applicable

1310 SW 45 AVE

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1310 SW 45 AVE

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33134 DADE

City & State

Miami, FL

Zip

33134 DADE

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4. Date Incorporated or Qualified To Do Business in Florida

04/01/1987

5. FEI Number

59-2801125

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	ALVAREZ, YBRAHIM	1310 SW 45 AVE	MIAMI FL

200002013622--0
-11/26/96--01024--009
***375.00 ***375.00

JB11-20-96

8. Name and Address of Current Registered Agent

ALVAREZ, YBRAHIM

~~2337 WEST FLAGLER STREET~~

MIAMI FL

9. Name and Address of New Registered Agent

Name

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

1310 SW 45 AVE

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33134

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

Ybrahim Alvarez **SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

10-18-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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:

Ybrahim Alvarez **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-10-96 / 305-266-9437