

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 MAR 25 AM 8:45

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT # M54376**

**1. Corporation Name**

KAREN OVERSEAS FLORIDA, INC.

REINSTATEMENT 02-04

900030945489  
03/23/04--01097--017 \*\*1058.75

**2. Principal Office Address**

780 N.W. LE JEUNE RD.

**3. Mailing Office Address**

780 N.W. LE JEUNE RD.

Suite, Apt. #, etc.

SUITE 516

Suite, Apt. #, etc.

SUITE 516

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33126

Country

DADE

Zip

33126

Country

DADE

**4. Date Incorporated or Qualified  
To Do Business in Florida**

6/23/87

**5. FEI Number**  
5-2827636

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

ANTONIO VARGAS, CPA

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

780 N.W. 42 AVENUE

Suite, Apt. #, Etc.

SUITE 516

City

MIAMI

State

FL

Zip Code

33126

**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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 3-8-04

**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
DP	JASSIR, LUIS SAIEH	780 NW 42 AVENUE	MIAMI , FL 33126
DVS	JASSIR, ABDALA SAIEH	SAME	SAME
DVP	MUVDI, MOISES SAIEH	SAME	SAME
DVT	SAIEH, CARLOS	SAME	SAME

**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

3-8-04

Date

305-443-7122

Daytime Phone #

CR2E081 (01/04)