

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

12 MAR -5 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M86404

1. Corporation Name

KML Transport Corp.

NEW

KML Transport Services Corp.

2. Principal Office Address - No P.O. Box #

6745 S.W. 40TH ST

Suite, Apt. #, etc

3. Mailing Office Address

SAME

Suite, Apt. #, etc

SAME

City & State

DAVIE FLORIDA

City & State

SAME

Zip

33314

Country

USA

Zip

SAME

Country

SAME

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

06/21/1988

5. FEI Number

65-0055998

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

MARIA I GRAU

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

6745 S.W. 40TH STREET

Suite, Apt. #, Etc

City

DAVIE

State

FL

Zip Code

33314

500221773775

02/13/12--01061--001 **\$900.00

500221773775

03/08/12--01005--008 **\$185.00

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

Maria I Grau

Date 1-12-2012

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.	KRISTOPHER GRAU	6745 S.W. 40TH STREET	DAVIE FL. 33314
VP	MARIA I GRAU	6745 S.W. 40TH STREET	DAVIE FL 33314

REINSTATEMENT

10-12

10. E-mail Address: m04262@bellsouth.net

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Maria I Grau

1-17-2012

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MAR 8 2012