

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

**DOCUMENT # N97000005322**

1. Corporation Name

**KIA ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

15721 NW 7TH AVENUE  
MIAMI FL 33169

15721 NW 7TH AVENUE  
MIAMI FL 33169

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



**REINSTATEMENT**

99

4. Date Incorporated or Qualified  
To Do Business in Florida

09/19/1997

SP

5. FEI Number

65-0958292

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	4 City / State / Zip
PD	PETTAWAY, CLYDE	2400 NW 54 STREET	MIAMI FL 33142
SD	RICHARDSON, JANIE	15721 NW 7TH AVENUE	MIAMI FL 33169
TD	MARSHALL, HELEN	1185 NW 60TH STREET	MIAMI FL 33127
			000003060190--0 -12/03/99-01017--010 ***236.25 ***236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**ARNOLD, DORIS**  
15721 NW 7TH AVENUE  
MIAMI FL 33169

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of  
Registered Agent

*Doris Arnold*

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

10/28/99

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., 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:

*Helen Marshall*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10.28.99

Date

Daytime Phone #

002500 (8/99)

LAW OFFICES OF  
**REBECCA INGRAM-LEONARD**

TEL.: (305) 637-1777  
FAX: (305) 637-8855

NATIONSBANK BUILDING  
1315 N.W. 36TH STREET, SUITE 601  
MIAMI, FLORIDA 33142

November 9, 1999

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Reinstatement of Kia Association, Inc.  
Document Number: N97000005322

Dear Sir/Madam:

Enclosed herewith is check #1949 in the amount of Two Hundred Thirty Six Dollars and Twenty Five Cents (\$236.25) which represents payment for the reinstatement of the above referenced corporation. In addition, please be advised that the EIN number for the corporation is 65-0958292.

If you have any questions or concerns, please call the above listed number.

Sincerely,



Rebecca Ingram-Leonard, Esq.

RIL:rh

enc.

cc: Kia Association, Inc.  
Ms. Doris Arnold