

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

02 NOV -7 AM 10:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P 000000076272

1. Corporation Name

Kardolly International, Inc.

2. Principal Office Address

3401 North Federal Hwy

Suite, Apt. #, etc.

219

City & State

Boca Raton, Florida

Zip

33431

Country

USA

3. Mailing Office Address

3401 North Federal Hwy

Suite, Apt. #, etc.

219

City & State

Boca Raton, Florida

Zip

33431

Country

USA

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

08-08-00

5. FEI Number

59-366-5914

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

08-12-02 90008 041 \$150.00

7. Name and Address of Current Registered Agent

Name

Carlos Escobar

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

3401 N. Federal Hwy

Suite, Apt. #, Etc.

Suite 219

City

Boca Raton

State

FL

Zip Code

33431

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

X *Carlos Escobar*

REGISTERED AGENT MUST SIGN

Date

11/04/02

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	Carlos Escobar	7778 Courtyard Run W.	Boca Raton, Fl. 33433
V	DORA GAVIRIA	7778 Courtyard Run W.	Boca Raton, Fl. 33433

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: X *Carlos Escobar*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/Carlos Escobar

Date

11/04/02 (561) 750-8080

Daytime Phone #

CRCE081 (9/01)