

ENVIADO POR FAA

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM 09 APR 16 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000111785

1. Corporation Name
KIELSA REAL ESTATE HOLDINGS, INC.

2. Principal Office Address - No P.O. Box # 1450 Madruga Ave		3. Mailing Office Address 1450 Madruga Ave	
Suite, Apt. #, etc. 408		Suite, Apt. #, etc. 408	
City & State Coral Gables, FL		City & State Coral Gables, FL	
Zip 33146	Country USA	Zip 33146	Country USA

600150706796
04/16/09--01046--015 **900.00
CR2E081 (12/08)

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 65-1094778	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Jorge Luis Lopez-Garcia, Esq.

Street Address (P.O. Box Number is Not Acceptable)
1450 Madruga Ave

Suite, Apt. #, Etc.
408

City
Coral Gables

State
FL

Zip Code
33146

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 _____ Date 3/23/09

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
D	Faraj, Karim	1450 Madruga Ave # 408	Coral Gables, FL 33146

REINSTATEMENT **RH**

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 contained in Chapter 119, 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: _____ Date 3/12/09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #