

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 APR 26 AM 10:36

TALLAHASSEE, FLORIDA

DOCUMENT # P01000039169

1. Corporation Name

Keven's Kars Inc

2. Principal Office Address

2108 Okeechobee Rd

Suite, Apt. #, etc.

City & State

Ft. Pierce FL

Zip

34950

Country

USA

3. Mailing Office Address

302 GARDEN AVE

Suite, Apt. #, etc.

City & State

Ft. Pierce FL

Zip

34982

Country

USA

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

5. FEI Number

651108008

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

Arlee M. Valdivia

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

1740 N. DIXIE HWY

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State

FL

Zip Code

33305

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

Arlee M. Valdivia
REGISTERED AGENT MUST SIGN

Date 4-23-04

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	Luis Valdivia	202 Garden Ave	Ft. Pierce, FL 34982
S	Arlee M Valdivia	1740 N. Dixie Hwy	Ft. Lauderdale, FL 33305

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:

Arlee M Valdivia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/23/04

Daytime Phone #

9547013776

CP2E081 (01/04)

April 23, 2004

RE: Number PO1000039169

Department of State Division of Corporations
409 East Gaines St
Tallahassee, Fl 32399

Attention: Katrina

Dear Department of State Division of Corporations,

SUBJECT: 2003 ANNUAL REPORT

Please be advised that the 2003 Annual Report was not filed because I did not receive the form.

I am sending a personal check in the amount of \$300.00 to be reinstated.

Sincerely,

A handwritten signature in black ink, appearing to read "Arlee M. Valdivia". The signature is stylized with a large initial "A" and a long, sweeping underline.

Arlee M. Valdivia