

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P01000040875**

1. Corporation Name

**KININA, INC.**

Principal Place of Business

5555 OAK LANE  
CORAL GABLES FL 33156

Mailing Address

5555 OAK LANE  
CORAL GABLES FL 33156

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/20/2001

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	SOTO, RADAMES	5555 OAK LANE	CORAL GABLES FL 33156

200024164752  
10/27/03--01049--022 \*\*150.00

8. Name and Address of Current Registered Agent

SOTO, RADAMES  
5555 OAK LANE  
CORAL GABLES FL 33156

9. Name and Address of New Registered Agent

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 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*SIGNATURE*  
*[Signature]*

REGISTERED AGENT MUST SIGN

Date October 22, 2003

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:

*SIGNATURE*  
*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

October 22, 2003

Date

Daytime Phone #

7400682  
(805) 7400682

FILED

03 OCT 27 PM 2:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

03

CR2E040 (7/03)

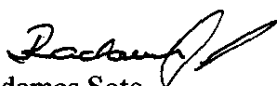
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314-6327

To whom it may concern,

I have received for the first time a notice of dissolution/revocation. I would appreciate if you could wave the late fee. I am including a \$150 check. I would appreciate your great help and guidance in this matter.

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Sincerely yours,

  
Radames Soto