

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

03 OCT 29 PM 5:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P01000083888**

1. Corporation Name

Konbis Group, Inc.

2. Principal Office Address

10773 NW 58th St

Suite, Apt. #, etc.

Ste 144

City & State

Miami FL

Zip

33178

Country

US

3. Mailing Office Address

7787 NW 146th St

Suite, Apt. #, etc.

0

City & State

Miami FL

Zip

33016

Country

4. Date Incorporated or Qualified
To Do Business in Florida

9/26/2001

5. FEI Number

65-1136471

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 2013

7. Name and Address of Current Registered Agent

Name

MICHAEL WRIGHT

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

11348 NW 72nd Terrace

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33178

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

Michael Wright

REGISTERED AGENT MUST SIGN

Date

10/30/03

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
Pres	Michael Wright	11348 NW 72nd Terr	MIAMI FL 33178

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:

Michael Wright

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/03

Date

Daytime Phone #

**305-557
4443**

CR2E081 (10/02)