

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 NOV 25 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000092192**

1. Corporation Name

KENDALL EIGHT PROPERTIES, INC.

Principal Place of Business

9555 SW 88TH STREET
SUITE 201
MIAMI FL 33176

Mailing Address

9555 SW 88TH STREET
SUITE 201
MIAMI FL 33176



REINSTATEMENT **02**

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

09/20/2001

5. FEI Number

65-1143638

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	KONDLA, RICHARD F	9555 SW 88TH STREET SUITE 201	MIAMI FL 33176

000008755000
11/01/02--01034--017 **750.00

8. Name and Address of Current Registered Agent

KONDLA, RICHARD F
9555 SW 88TH STREET
SUITE 201
MIAMI FL 33176

9. Name and Address of New Registered Agent

Name

MANUEL RIVERA

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

1313 POINTE DE LEON

Suite, Apt., #, Etc.

SUITE 201

City

CORAL GABLES

State

FL

Zip Code

33143

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/28/02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-28-02 (305) **270-1901**

CR2E040 (8/02)