

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
05 NOV -9 AM 11:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000100544

**1. Corporation Name**

K.G.D. OF MIAMI CORPORATION

**2. Principal Office Address**

6801 S.W. 19 Terrace

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33155

Country

**3. Mailing Office Address**

6801 S.W. 19 Terrace

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33155

Country

REINSTATEMENT 02-05

CR2E081 (8/05)

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

10/17/2001

**5. FEI Number**

65-1145350

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

JESUS BURREL

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

6801 S.W. 19 Terrace

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33155

500061292875  
11/03/05--01040--008 \*\*600.00

**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

*[Signature]*

Date 11/03/2005

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
PD	JESUS BURREL	6801 S.W. 19 Terrace	MIAMI, FL 33155
	<i>[Signature]</i>		

**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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/03/2005

Date

(305) 551-5887

Daytime Phone #

Miami, FL, November 3, 2005

Florida Department of State  
Division of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314


Ref: K.G.D. OF MIAMI CORPORATION, Document No. P01000100544

Dear Ms. Peterson,

This is to inform you that the referenced corporation filed its 2002 Annual Report but the check was never cashed, and this rendered the company INACTIVE. Furthermore, because of this situation, the company did not receive the Annual Report notices and it did not file its 2003, 2004, and 2005 Annual Report, besides the problem stated in the previous letter. Since we are willing to keep the corporation's name active, we are sending the Reinstatement Form for this corporation along with the payment of \$600.00 corresponding to the Annual Report fees for the years 2002, 2003, 2004 and 2005, respectively, and with copy of the letters as per your request for you to please reconsider our case, reinstate this company and please waive any penalties that would have been caused by this situation. We would really appreciate it.

Should-you have further questions, please contact us at (305) 551-5887. We apologize for any inconvenience this may have caused. Thank you very much for your cooperation.

Cordially,

A handwritten signature in black ink, appearing to read 'JESUS BURREL', with a stylized flourish at the end.

JESUS BURREL  
President