

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2010

10 APR 19 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000029618

1. Corporation Name

KANMAR TOBA INC

500177278145
04/19/10--01003--026 **450.00

2. Principal Office Address - No P.O. Box #

7950 NW 53 ST

3. Mailing Office Address

Suite, Apt. #, etc.

SUITE 215

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

Zip

33166

Country

Zip

Country

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number



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

JULIO RODRIGUEZ

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

6800 SW 40 STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33155

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Date 04/14/2010

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	JULIO RODRIGUEZ	6800 SW 40 ST	MIAMI, FL 33155

4-19-10
MPL

10. E-mail Address: JRODRIGUEZ@KANMARTOBA.COM

(To be used for future annual report notification)

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. I further certify 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:

JULIO RODRIGUEZ

04/14/2010 786-287-2913

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #