

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 DEC 17 AM 10: 27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000035273

1. Corporation Name

KEPER USA, INC.

000163725750  
12/17/09--01037--012 \*\*300.00

REINSTATEMENT 08-09

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

2525 SOUTH MONROE ST.

Suite, Apt. #, etc.

22

City & State

TALLAHASSEE, FL

Zip

32301

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/01/2002

5. FEI Number

04-3619117

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

MICHAEL KIM

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

2525 S. MONROE ST.

Suite, Apt. #, Etc.

22

City

TALLAHASSEE

State

FL

Zip Code

32301

☒ 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

Michael K. Kim

REGISTERED AGENT MUST SIGN

Date 12/15/09

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
PTD	MICHAEL KIM	2300 NAPOLEON BONAPARTE DR.	TALLAHASSEE, FL 32308
SVD	SALLY KIM	2300 NAPOLEON BONAPARTE DR.	TALLAHASSEE, FL 32308

10. E-mail Address:

(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:

Michael K. Kim

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/15/09

Date

(850) 212-3264

Daytime Phone #