

1052

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 JUN 22 AM 10:45

DOCUMENT # **P02000074582**

1. Corporation Name

Karina's Investments Corp.

2. Principal Office Address

7204 N.W. 108th Court

Suite, Apt. #, etc.

City & State

Miami, FL.

Zip

33178

Country

3. Mailing Office Address

7204 N.W. 108th Court

Suite, Apt. #, etc.

City & State

Miami, FL.

Zip

33178

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

07-09-2002

5. FEI Number

20-2776567

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

Muñoz, Alexandra

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

7204 N.W. 108th Court

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

06-14-05

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	Muñoz, Alexandra	7204 N.W. 108th Court	Miami, FL. 33178
VD	Garduño, Magdalena	7204 N.W. 108th Court	Miami, FL. 33178

100056603511
06/28/05--01019--017 **450.00

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

Date

06-14-05

Daytime Phone #

205-975-6627

CR2E081 (01/05)

2052

YESIT J. CAMPO, PA
CERTIFIED PUBLIC ACCOUNTANT

May 9th, 2005

Annual Report Filings
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: Karina's Investments Corp.
Document#: P02000074582
FEI: 20-2776567

To whom it may concern:


I have enclosed the application for reinstatement for Karina's Investment Corp., along with \$450.00 payment for the years 2003, 2004 and 2005.

I would like to request the abatement of penalties for not filing the years 2003, 2004 annual report. My client never received the form annual report because they had to go out of the country during the year 2003 and since this was the first year for filing the annual report, they did not know that they had to renew it.

Again, please accept the application for reinstatement and my client will make sure that this does not happen again.

Thank you in advance for your patronage and prompt assistance.

Sincerely,


Maria M. Lacayo
Administrative Assistant