

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV -3 PM 4:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 902000082109

1. Corporation Name

Makati Limited co.

KA

2. Principal Office Address

113 Rangeline Wood Cove

Suite, Apt. #, etc.

City & State

Longwood, FL

Zip

32750

Country

USA

3. Mailing Office Address

113 Rangeline Wood Cove

Suite, Apt. #, etc.

City & State

Longwood FL

Zip

32750

Country

USA

REINSTATEMENT 2003

4. Date Incorporated or Qualified
To Do Business in Florida

07/29/02

5. FEI Number

03-0476270

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

Felipe Londono

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

113 Rangeline Wood Cove

Suite, Apt. #, Etc.

City

Longwood

State

FL

Zip Code

32750

600024385336

11/03/03-01087-009 ***750 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]

REGISTERED AGENT MUST SIGN

Date 10/28/03

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 |
|--------|--------------------------------------|---|---------------------|
| D | Felipe Londono | 113 Rangeline Wood Cove | Longwood, FL, 32750 |
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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]

Felipe Londono

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/03

Date

407 332 0730

Daytime Phone #

CR2E081 (10/02)