

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN 23 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000087908

1. Corporation Name

Kenida's Inc.

2. Principal Office Address

4962 N. Pine Island Rd.

Suite, Apt. #, etc.

City & State

Lauderhill FL

Zip

33351

Country

USA

3. Mailing Office Address

4992 N. Pine Island Rd.

Suite, Apt. #, etc.

City & State

Lauderhill FL

Zip

33351

Country

USA

REINSTATEMENT

03-04

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

8/12/2002

5. FEI Number

03-0482024

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

Mitchell W. Bruckner, CPA

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

4992 N. Pine Island Road

Suite, Apt. #, Etc.

City

Lauderhill

State

FL

Zip Code

33351

300027524493

01/23/04 01000 011 **S00 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

1/20/04

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
P.D.	Duran, Kenida	8211 NW 52 Court	Lauderhill, FL 33351

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] Kenida Duran

Date

1/20/04

Daytime Phone #


954-746-7144

CR2E081 (10/02)

BS

2/2

Please correct the mailing address for this corporation. We believe this to be the reason why the annual report(s) have not been received by the party authorized to file it.

A handwritten signature, possibly reading "J. B. Smith", is written in black ink.