

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1062

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
06 MAY -5 11:09  
STATE OF FLORIDA

DOCUMENT # 702000112861

1. Corporation Name

KIWAN IMPORTS COMPANY

2. Principal Office Address

1003 E VINE ST

Suite, Apt. #, etc.

City & State

KISSIMMEE FL

Zip Country

34744 USA

3. Mailing Office Address

1003 E VINE ST

Suite, Apt. #, etc.

City & State

KISSIMMEE FL

Zip Country

34744 USA

REINSTATEMENT

04-06

4. Date Incorporated or Qualified  
To Do Business in Florida

10/21/02

5. FEI Number

134251011

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

KEIWAN, TAISSER

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

1608 CHERRY ST

Suite, Apt. #, Etc.

City

KISSIMMEE

State

FL

Zip Code

34741

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

Tasser

Date

4/30/06

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	KEIWAN TAISSER	1608 CHERRY ST	KISSIMMEE, FL 34741

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 contained in Chapter 119, 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:

Tasser TAISSER KEIWAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/30/06

Daytime Phone #

234-  
407 2000

B Mitchell MAY 12 2006

**Kiwan IMPORTS**

1003 E Vine St.  
Kissimmee FL 34744

20f2

March 24, 2006

Reinstatement Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314  
RE: P02000112861

To Whom It May Concern:

I respectfully request a reinstatement of Kiwan Imports Company due to incorrect address we did not receive the post card for renewing our Company in 2004.

Due to the hardship we endured with the hurricanes the fact that this was missing was overlooked.

The correct address should be:

1003 E VINE STREET

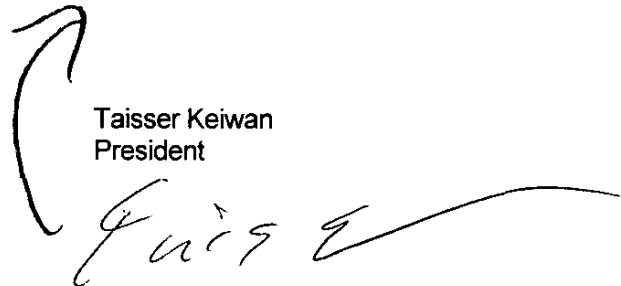
KISSIMMEE FL 34744

Under these circumstances, we respectfully request the abatement of the penalty for late filing. Enclosed is my check in the amount of \$450 to bring us current.

Thank you for your time and attention.

Thanks and Regards,

Taisser Keiwan  
President

A handwritten signature in cursive script, appearing to read 'Taisser Keiwan', is written below the printed name. A large, curved arrow points from the signature area back up towards the 'To Whom It May Concern' line.