

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02000133813**

1. Corporation Name

KAVNER CORP.

Principal Place of Business

**1559 BREAKWATER TERR
HOLLYWOOD FL 33019**

Mailing Address

**1559 BREAKWATER TERR
HOLLYWOOD FL 33019**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

801 Brickell Avenue

Suite 1580, Miami, FL

Zip **33131** Country **USA**

3. New Mailing Office Address, If Applicable

801 Brickell Avenue

Suite 1580 Miami, FL

Zip **33131** Country **USA**

4. Date Incorporated or Qualified
To Do Business in Florida

12/23/2002

5. FEI Number
80-0060437

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DPST	Jacques Ishac Khafif	20214 N.E. 34th Court	Aventura, FL 33180
			900035786159 05/07/04--01090--017 **850.00
			900035786159 06/30/04--01044--012 **50.00

8. Name and Address of Current Registered Agent

**SERBER, DANIEL J ESQ.
2875 NE 191 ST STE 801
AVENTURA FL 33180**

9. Name and Address of New Registered Agent

Name
NS Corporate Services Inc.
Street Address (P.O. Box Number is Not Acceptable)
801 Brickell Avenue
Suite, Apt. #, Etc.
Suite 1580
City
Miami State **FL** Zip Code **33131**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **December 29th 2003**

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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

04 MAY 26 AM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03-04

CR2E040 (7/03)