

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

09 DEC 31 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000012252

1. Corporation Name

Kori Corp

2. Principal Office Address - No P.O. Box #

9962 SW 147 PI

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33196

Country

USA

3. Mailing Office Address

9962 SW 147 PI

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33196

Country

USA

300164084753
12/31/09--01032--019 **600.00

REINSTATEMENT

06-09

4. Date Incorporated or Qualified

To Do Business in Florida 1/27/2003

5. FEI Number

510473275

☐ 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

Marilena Suarez Solis

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

9962 SW 147 PI

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33196

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date 12-16-09

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
DP	Marilena Suarez Solis	9962 SW 147 PI	Miami, FL 33196
DV	Omar Suarez Solis	9962 SW 147 PI	Miami, FL 33196

10. E-mail Address: korincorp79@yahoo.com

(To be used for future annual report notification)

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. I further certify, 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: Omar Suarez Solis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-16-09

Date

305-385-6267

Daytime Phone #