

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUL 10 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000017276

Corporation Name

Import Krage, Inc

1. Principal Office Address

500 NW 79th Ave

Suite, Apt. #, etc.

207

City & State

Miami, FL

Country

USA

Zip

33122

2. Mailing Office Address

500 NW 79th Ave

Suite, Apt. #, etc.

207

City & State

Miami, FL

Country

USA

Zip

33122

REINSTATEMENT 05-07

4. Date Incorporated or Qualified
To Do Business in Florida

2/12/2003

5. FEI Number

432003348

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

Maryorie Navarro

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

500 NW 79th Ave

Suite, Apt. #, Etc.

207

City

Miami

State

FL

Zip Code

33122

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

REGISTERED AGENT MUST SIGN

8. 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
PD	Maryorie Navarro	500 NW 79 th Ave #207	Miami, FL 33122

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #