

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 29 PM 3:10

DOCUMENT # P03000032389

1. Corporation Name

Komcepts, Inc

2. Principal Office Address

515 Jeronimo Drive

Suite, Apt. #, etc.

3. Mailing Office Address

515 Jeronimo Drive

Suite, Apt. #, etc.

City & State

Coral Gables

City & State

Coral Gables

Zip

33146

Country

USA

Zip

33146

Country

USA

REINSTATEMENT 09-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

03/20/2003

5. EFL Number

73-1678591

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

Javier Ocampo

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

222 North Miami Avenue

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33128-1828

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

Javier Ocampo

REGISTERED AGENT MUST SIGN

Date

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/t/s	Javier Ocampo	515 Jeronimo Drive	Coral Gables, FL 33146
v	Luis Morales Valerio	1200 N.E 96 Street	Miami Shores, FL 33138
D	Guillermo Feliz	1200 N.E 96 Street	Miami Shores, FL 33138

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Javier Ocampo

3/24/06

786-234-4743

KOMCEPTS, INC

222 North Miami Avenue
Miami, FL 33128-1828
786-234-4743

March 25, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

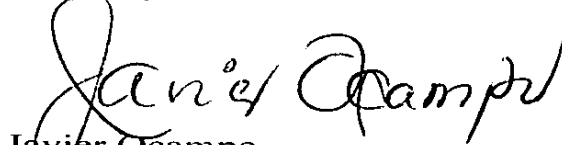
Attention: Tyrone Scott
Document Specialist
Letter Number: 006A00017889

Re: KOMCEPTS, INC
EIN: 73-1678591

Please be advised that the notification of renewal for the above-mentioned corporation was never received in 2005. I am attaching a check in the amount of \$ 450.00 as payment for reinstatement of this corporation.

Thank you for your consideration.

Sincerely,



Javier Ocampo
P/T/S