PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 10 MAR 15 PM 2:55 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P05000018774

1. Corporation Name

K K Line corp

REINSTATEMENT 06-10

9OO172222759
03/15/10--01060--018 **750.00

CR2E081 (11/09)

2. Principal Office Address - No P.O Box #	3. Mailing Office Address
263 Windrose Dr.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Orlando, FL	City & State

Zip 32824	Country US	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 02/04/05

5. FEI Number ☐ 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 Leonardo Suarez

Street Address (P.O. Box Number is Not Acceptable) 263 Windrose Dr.

Suite, Apt. #, Etc

City Orlando	State FL	Zip Code 32824

☒ 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 _____ REGISTERED AGENT MUST SIGN   Date 03/05/10

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	LEONARDO SUAREZ	263 Windrose Dr.	Orlando, FL. US 32824
			XC 3/16

10. **E-mail Address:** _____

(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: _____ Leonardo Suarez   03-10-10

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #