

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000055817

1. Corporation Name

KALLI CORPORATION

FILED

06 MAY 12 PM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address

1390 Brickell Ave.

3. Mailing Office Address

1390 Brickell Ave.

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

Miami, FL

City & State

Miami, FL

Zip

33131

Country

US

Zip

33131

Country

US

BS/A/04

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida

04/15/2005

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$0.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Alvaro Castillo B., P.A.

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

1390 Brickell Avenue

600075285026

05/25/06--01019--009 ** 50.00

Suite, Apt. #, Etc.

Suite 200

City

Miami

State

FL

Zip Code

33131

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0905 or 617.0603, F.S.

Signature of Registered Agent

Date

4/25/06

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
P/S	Jose L. Santiago Vasconcelos	1390 Brickell Avenue, Suite 200	Miami, FL 33131
VP	Hilda Luz M. Sanchez Riva Palacio	1390 Brickell Avenue, Suite 200	Miami, FL 33131
AVP	Mariana Santiago Sanchez	1390 Brickell Avenue, Suite 200	Miami, FL 33131
AVP	Jose R. Santiago Sanchez	1390 Brickell Avenue, Suite 200	Miami, FL 33131

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 or 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:

Jose L. Santiago, President

Date

4/25/06

Daytime Phone #

(305) 371-5540