

# 2007 FOR PROFIT CORPORATION REINSTATEMENT



**DOCUMENT # P05000088047**

1. Entity Name  
**KENDALL WEST INC.**

FILED  
07 DEC 14 AM 11:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>P.O. BOX 831472 MIAMI, FL 33283</b>	Mailing Address <b>P.O. BOX 831472 MIAMI, FL 33283</b>
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2. Principal Place of Business - No P.O. Box # <b>10140 SW 60 Street</b>	3. Mailing Address <b>PO BOX 831472</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>MIAMI, FLORIDA</b>	City & State <b>MIAMI, FL</b>
Zip <b>33173</b>	Zip <b>33203-1472</b>
Country <b>USA</b>	Country



**REINSTATEMENT**

12/21/07 098 (1/07) 07

4. FEI Number <b>APPLIED FOR</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

**6. Name and Address of Current Registered Agent**

**LAMCHICK, BRUCE ESQ  
9130 S. DADELAND BLVD  
SUITE 1101  
MIAMI, FL 33156**

**7. Name and Address of New Registered Agent**

Name **Reyes-Vinas Marielena**

Street Address (P.O. Box Number is Not Acceptable)  
**10140 SW 60 ST**

City **MIAMI** FL Zip Code **33173**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE \_\_\_\_\_

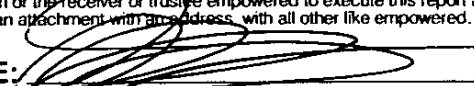
(NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> After January 1, 2008, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS							
TITLE <b>P</b>	<table border="1" style="width: 100%;"> <tr> <td style="width: 10%;">NAME <b>REYES-VINNS, MARICLENA</b></td> <td style="width: 10%;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS <b>POB 831472</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP <b>MIAMI, FL 33283</b></td> <td></td> </tr> </table>	NAME <b>REYES-VINNS, MARICLENA</b>	<input checked="" type="checkbox"/> Delete	STREET ADDRESS <b>POB 831472</b>		CITY-ST-ZIP <b>MIAMI, FL 33283</b>	
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CITY-ST-ZIP							

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11							
TITLE <b>President</b>	<table border="1" style="width: 100%;"> <tr> <td style="width: 10%;">NAME <b>Reyes-Vinas Marielena</b></td> <td style="width: 10%;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS <b>10140 SW 60 ST</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP <b>MIAMI, FL 33173</b></td> <td></td> </tr> </table>	NAME <b>Reyes-Vinas Marielena</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS <b>10140 SW 60 ST</b>		CITY-ST-ZIP <b>MIAMI, FL 33173</b>	
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CITY-ST-ZIP							

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_

(PLEASE PRINT AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)