

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

12 JUL 17 AM 11:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000092797

1. Corporation Name

KIMAL INTERNATIONAL, CORP.

2. Principal Office Address - No P.O. Box #

3232 Coral Way

3. Mailing Office Address

3232 Coral Way

Suite, Apt. #, etc.

# 1004

Suite, Apt. #, etc.

# 1004

City & State

Miami, FL

City & State

Miami, FL

Zip

33145

Country

US

Zip

33145

Country

US

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

06/29/2005

5. FEI Number

203002541

☐ 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

RAMDAT, KRISHENDATH

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

3232 Coral Way

Suite, Apt. #, Etc.

# 1004

City

Miami

State

FL

Zip Code

33145

900237491399  
07/16/12--01048--017 \*\*1050.00

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 7/11/2012

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
PD	RAMDAT, KRISHENDATH	3232 Coral Way # 1004	Miami, FL 33145

REINSTATEMENT 10-12

JUL 18 2012

T. SCOTT

10. E-mail Address: TONYMOKCPA@YAHOO.COM

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/2012 868 680 2244

Date

Daytime Phone #