

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2024 FEB -2 AM 10: 25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P19000093981

1. Corporation Name

KAIKAINA, INC.

2. Principal Office Address - No P.O. Box #  
1000 Lincoln Road

3. Mailing Office Address  
1000 Lincoln Road

Suite, Apt. #, etc.  
Suite 206

Suite, Apt. #, etc.  
Suite 206

City & State  
Miami, Florida

City & State  
Miami, Florida

Zip Country  
33139 USA

Zip Country  
33139 USA

800423141898  
02/02/24--01002--002 \*\*300.00

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida 12/19/2019

5. FEI Number 84-4062568  
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  
Juan Diego Medina Velez

Street Address (P.O. Box Number is Not Acceptable)  
1000 Lincoln Road

Suite, Apt. #, Etc.  
Suite 206

City  
Miami, Florida

State Zip Code  
FL 33139

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

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
PRESIDENT	Juan Diego Medina Velez	1000 Lincoln Road, Suite 206	Miami, Florida 33139

10. E-mail Address: jsilvacpa@grupossilvapr.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

L. BROWN 11/30/24

781-290-9129

Date

Daytime Phone #