

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

97 NOV 10 PM 2:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P92000005873

1. Corporation Name

KOBAKI INTERNATIONAL, Inc.

Principal Place of Business

Mailing Address

10112 COSTA DEL SOL BLVD.  
MIAMI, FL. 233178

10112 COSTA DEL SOL, BLVD.  
MIAMI, FL. 33178

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

8180 NW 36TH ST. #310

3. New Mailing Office Address, If Applicable

8180 NW 36TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#310

City & State

MIAMI, FL.

Zip

33166

Country

Zip

33166

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0399018

Applied for

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
D	ALI, SUSAN	8180 NW 36TH ST. #310	MIAMI, FL. 33166

7000002345157-1  
-11/12/97-01098-009  
\*\*\*\*165.00 \*\*\*\*165.00

11/11/97

8. Name and Address of Current Registered Agent

9. Name and Address of Now Registered Agent

ALI, SUSAN  
8180 NW 36TH ST. #310  
MIAMI, FL. 33166

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information  
on intangible tax.)

12. 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 of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/11/97  
Date

305-271-0736  
Daytime Phone #



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KOBAKI International • 8180 N.W. 36th St. Suite 310 • Miami, Florida 33166 • U.S.A. • Phone: (305) 471-0736 • Fax: (305) 477-0769

October 27 th, 1997

Divisions of Corporations  
Annual Report/Reinstatement Section  
p. O. Box 6237  
Tallahassee Fl. 321314-6327

Dear Sirs,


**Re: Kobaki International**

This morning I received your notice of Dissolution for the above corporation. I immediately called your office at 850-487-6059 Ext. 2 and explained that honestly I was not aware of it. Your personal mentioned that I had filed in the past and what happened this year.

I went on to explain that I am the one responsible for attending to this and I have had some absences from the office and hence I really did not see any reminders, if they came in I was not made aware of them. I was told to send in my cheque of \$165.00 along with this letter for your review and acceptance.

I sincerely apologize for this oversight and promise that it would not happen in the future.

Yours truly,  
KOBAKI INTERNATIONAL.

  
Susan Ali.  
President.