PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham **FOR** Secretary of State FILED REINSTATEMENT DIVISION OF CORPORATIONS P93000009727 **DOCUMENT** # 97 DEC 15 AH 10: 35 1. Corporation Name KY INTERNATIONAL, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 5518 NW 72 AVENUE FILL NW 50 ST 6510 NW 72 AVENUE 7166 NW 50 ST MIAMI FL 33166 REINSTATEMENT If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Mailing Office Address. If Applicable 7/166 NW 50 57 Sulte, Apt. #, etc. 2. New Principal Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 02/09/1993 5. FEI Number Applied For 65-0403382 FL Not Applicable Country \$8.75 Additional Fee required for a Certificate of Status Country USA CERTIFICATE OF STATUS DESIRED. 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip YI, ENRIQUE 15125 SW 109 STREET imiami FL 33196 GONZALEZ, ADALBERTO 20 NW 87 AVE., #A227 MIAMI FL 33172 YI. YADIRA 15125 SW 109 STREET MIAMI FL 33196 100002375751---0 -12/17/97--01110--008 ****750.00 ****750.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Kobashi Kawa, Hayde CR2E040 (8/97) KOBASHIKAWA, HAYDE Street Address (P.O. Box Number is Not Acceptable) 9041 SW 142 AVE, #10-37 5122 NW 79Ave **MIAMI FL 33186** Suite, Apt. #, Etc. Zip Code 33166 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. REGISTERED AGENT MUST SIGN 11. This corporation owes or has paid the current year (See other side for information on intangible tax.) Intangible Personal Property tax due June 30. Yes l 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 fisted 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.

MIAMI FL 33166

選出 関系のは、大大の

Title(s)

Signature of Registered Agent

PS

VT

12/9/9.7 (305) 477-8228 Enrique Yi SIGNATURE: SIGNATURE AND TYPED OR PRINTED N