

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000010465**

1. Corporation Name

KYMC O EQUIPMENT AND PARTS, INC.

Mailing Address

**8001 N.W. 64 ST.
MIAMI FL 33166**

Principal Place of Business

**8001 N.W. 64 ST.
MIAMI FL 33166**

FILED

97 APR 25 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 94-97

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

2. New Mailing Address, If Applicable		3. New Principal Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/10/1993	
City & State		City & State		5. FEI Number	
Zip		Country		65-0392171	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
DP	GARCIA-ALLEN, EDUARDO	8001 N.W. 64 ST.	MIAMI FL 33166
DST	GARCIA-ALLEN, KARIN	8001 N.W. 64 ST.	MIAMI FL 33166
			1 00002157341-1
			-04/29/97--01047--014
			***1253.75 ***1253.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**WEITZMAN, JACK L
11420 S.W. 109 RD.
MIAMI FL 33176**

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

Jack L. Weitzman

REGISTERED AGENT MUST SIGN

Date

April 21, 1997

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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

Eduardo A. Garcia-Allen **EDUARDO A. GARCIA-ALLEN** 4/21/97 (305) 591-1552

Date

Daytime Phone #