PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01 SEP 19 AM 10:53

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000043759

1. Corporation Name
KARP CORP. OF MIAMI, INC.

2. Principal Office Address	3. Mailing Office Address
444 BRICKELL AVE.	444 BRICKELL AVE
Suite, Apt. #, etc. #500	Suite, Apt. #, etc. #500
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33131 Country USA	Zip 33131 Country USA

REINSTATEMENT OG-01

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 65-042627 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: FRANK KARDONSKI

Street Address (P.O. Box Number is Not Acceptable): 444 BRICKELL AVENUE

Suite, Apt. #, Etc.: SUITE 500

City: MIAMI State: FL Zip Code: 33131

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***1050.00 ***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: _____ Date: 8/2/01

REGISTERED AGENT MUST SIGN

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
CEO	FRANK KARDONSKI	444 BRICKELL #500	MIAMI, FL 33131
TREASURER	ANNE L. KARDONSKI	444 BRICKELL #500	MIAMI, FL 33131
SECRETARY			

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: _____ FRANK KARDONSKI 8/2/01 (305) 908-4205

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #