

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Matthew R. Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000076284

1. Corporation Name

KING COTTON MANUFACTURERS, INC.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

12815 N.W. 45 AVENUE
MIAMI FL 33054

Mailing Address

12815 N.W. 45 AVENUE
MIAMI FL 33054



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/28/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0551927

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	CHATILA, AHMAD	12815 N.W. 45TH AVENUE	MIAMI FL 33054
VD	ITANI, MOHAMAD	12815 N.W. 45TH AVENUE	MIAMI FL 33054
OFF Delete	CURLEY, KENNETH Delete	12815 N.W. 45TH AVENUE Delete	MIAMI FL 33054 Delete
			300003496819--9 -12/12/00--01039--014 *****150.00 *****150.00

8. Name and Address of Current Registered Agent

CURLEY, KENNETH
12815 N.W. 45 AVENUE
MIAMI FL 33054

9. Name and Address of New Registered Agent

Name

Ahmad Chatila

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

19410 N.W. 62nd Court

Suite, Apt. #, Etc.

City

miami

State

FL

Zip Code

33015

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11-8-2000

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., 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-8-2000 (305) 688-3862

Date

Daytime Phone #

CR2ED40 (8/00)



King Cotton Manufacturers, Inc.

12815 NW 45th Avenue
Miami, Florida 33054
Tel (305) 688-3882

November 8, 2000

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Recently, While reviewing our records, we discovered that our payment to your office, mailed on 3/8/2000 had not cleared our bank. After further review and a call to your office, we were informed that your office in fact had not received our check, so we have re-sent today a replacement check in the amount of \$150.00.

Also enclosed is a copy of the first payment we sent back in March.

We regret any inconvenience that our lost check may have caused.

Sincerely,

Ahmad Chatila
President

The Name. The Quality