PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR ~~REINSTATEMENT~~ QUAR

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

DO NOT WRITE IN THIS SPACE

FILED
96 AUG 21 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Read the lines on Other Side Before Making Entries

Make Check Payable To: *Department of State*

1. Name and Mailing Address of Corporation: DOCUMENT # P93000051290

Koambra International Co.
10122 NW 51st Ter
Miami, FL 33178

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address: 2900 NW 72nd Ave
City and State / Zip Code: Miami FL 33122

3. If Principle Office Address is different from mailing address, enter address below:

Address: 2900 NW 72nd Ave
City and State / Zip Code: Miami FL 33122

4. Date Incorporated or Qualified To Do Business In Florida: 11/29/93

5. FEI Number: 65-0459154

FEI Number Applied For ☐
FEI Number Not Applicable ☐

6. $8.75 Additional Fee required for a Certificate of Status
CERTIFICATE OF STATUS DESIRED ☐

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
D	Hye Kang Blinder	5224 NW 94 Doral Pl.	Miami, FL 33178

100001529360
-08/22/96--01027--003
****375.00 ****375.00

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

Hye Kang Blinder
5224 NW 94 Doral Pl.
Miami, FL 33178

9. If changed, new registered agent / office

Name
Street Address (Do NOT Use P.O. Box Number)
Street Address (Do NOT Use P.O. Box Number)
City | State: FL. | Zip

CR2E040 (8/92)

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. 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.)

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 of Officer or Director _____ Date _____ Daytime Phone # 305-477-9180

Typed or printed name of signing officer or director Hye Kang Blinder, Director