

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 FEB 28 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000087409

Corporation Name

KABO REALTY CORP.

Principal Office Address

717 - 5th Street

Apt. #, etc.

City & State

Miami Beach, FL 33139

33139

Country
US

3. Mailing Office Address

717 - 5th Street

Suite, Apt. #, etc.

City & State

Miami Beach, FL 33139

Zip
33139

Country
US

REINSTATEMENT

9800

4. Date Incorporated or Qualified
To Do Business in Florida 12/22/1993

5. FEI Number
65-0459730

Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name

Giuseppe Porcu

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

717 - 5th Street

Suite, Apt. #, Etc.

City

Miami Beach

State
FL

Zip Code
33139

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.

Agent X Giuseppe Porcu REGISTERED AGENT MUST SIGN

Date Feb. 23, 2000

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
PTD	Michael Kadosh	717 - 5th Street	Miami Beach, FL 33139
VSD	Giuseppe Porcu	717 - 5th Street	Miami Beach, FL 33139
			600003162596--9 -03/08/00--01086--003 ***1050.00 ***1050.00
			LS

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: X Giuseppe Porcu
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 23, 2000 305-672-4600

Giuseppe Porcu, VP

Daytime Phone #

CR2E081 (9/99)