

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

05 DEC -1 PM 3:17

STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000005666

**1. Corporation Name**

KING INTERNATIONAL MANUFACTURING, INC.

**2. Principal Office Address**

850 IVES DAIRY RD

Suite, Apt. #, etc.

19-21

City & State

MIAMI, FL

Zip

33179

Country

USA

**3. Mailing Office Address**

850 IVES DAIRY RD

Suite, Apt. #, etc.

19-21

City & State

MIAMI, FL

Zip

33179

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

01/24/94

**5. FEI Number**  
650612847

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

SANFORD Z. CHEVLIN, ESQ

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

850 IVES DAIRY RD

Suite, Apt. #, Etc.

19-21

City

MIAMI

State

FL

Zip Code

33179

800061827138

12/01/05 01037-001 \*\*450.00

**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

REGISTERED AGENT MUST SIGN

Date

11/29/05

**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
P	JACOBO WERBA	850 IVES DAIRY RD, #19-21	MIAMI, FL 33179

**10.** 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACOBO WERBA 11/28/05

Date

305-812-7922

Daytime Phone #



# KING GROUP

KING INTERNATIONAL MANUFACTURING, INC.

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November 28, 2005

To Whom It May Concern:

I hereby attached the Corporation Reinstatement for King International Manufacturing, Inc. along with payment for the previous filling fee as we never received the UBR and were therefore unable to file.

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Please note, I called 850-245-6059 and they were able to verify that the UBR was returned because of an insufficient address and gave us instructions as to the amount of payment that needs to be submitted in addition to this explanation.

Sincerely,

Jacob Werba  
President  
King International Group, Inc.