

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 10 AM 8:21

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000042499**

1. Corporation Name

NKISI, CORP.

Principal Place of Business

6501 SW 59 ST.
MIAMI FL 33143
US

Mailing Address

6501 SW 59 ST.
MIAMI FL 33143
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/07/1994

5. FEI Number

65-0511596

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PST	BEDIA, JOSE	6501 SW 59 ST.	MIAMI FL

300024574293

11/10/03--01113--014 **750.00

8. Name and Address of Current Registered Agent

ALLEN, WILFREDO O
2250 S.W. 3RD AVE.
MIAMI FL 33129

9. Name and Address of New Registered Agent

Name Avelino J. Gonzalez, Esq.
Street Address (P.O. Box Number is Not Acceptable) 6780 CORAL WAY
Suite, Apt. #, Etc. _____
City Miami, State FL Zip Code 33155

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE

REGISTERED AGENT MUST SIGN

Date

10/22/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/03

Date

305)665838

Daytime Phone #

CR2ED40 (7/03)