

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P94000055144

1. Entity Name  
INVERSIONES KENNETH, INC.



Principal Place of Business  
3785 NW 82 AVE.  
SUITE 208  
MIAMI, FL 33166

Mailing Address  
3785 NW 82 AVE.  
SUITE 208  
MIAMI, FL 33166

2. Principal Place of Business - No P.O. Box #  
10773 N.W. 58<sup>th</sup> St.

3. Mailing Address  
10773 N.W. 58<sup>th</sup> St.

Suite, Apt. #, etc.  
# 363

Suite, Apt. #, etc.  
# 363

City & State  
Miami, Florida

City & State  
Miami, Florida

Zip Country  
33178 USA

Zip Country  
33178 USA

06042007 REIN-P CR2E098 (1/07)

4. FEI Number  
65-0929554

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

AVILA, EDUARDO  
3785 NW 82 AVE.  
SUITE 208  
MIAMI, FL 33162

## 7. Name and Address of New Registered Agent

Name Dorrough, Calzada & Hamner, P.L.

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

419 North Magnolia Ave

City Orlando FL Zip Code 32801

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE Eduardo Avila, Jr.

(NOTE: Registered Agent signature required when reinstating)

DATE

6/4/07

FILE NOW!!! FEE IS \$900.00

## 10. OFFICERS AND DIRECTORS

TITLE PD  
NAME AVILA, EDUARDO  
STREET ADDRESS 3785 NW 82 AVE.  
CITY-ST-ZIP MIAMI, FL 33162 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition  
700104435247  
06/15/07--01059--017 \*\*308.75

TITLE PD  
NAME Kenneth Avila  
STREET ADDRESS 10773 N.W. 58<sup>th</sup> St., # 363  
CITY-ST-ZIP Miami, FL 33178 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

REINSTATEMENT

06-07

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with all other like empowered.

SIGNATURE: [Signature] DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/04/2007

Date Daytime Phone #