

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 DEC -4 PM 5:00

**DOCUMENT #** P94000055144

**1. Corporation Name**

INVERSIONES KENNETH, INC.

900025426879  
12/11/03--01060--023 \*\*758.75

**REINSTATEMENT** 03

**2. Principal Office Address**

3785 NW 82AVE.

Suite, Apt. #, etc.

SUITE 208

City & State

MIAMI, FL

Zip

33166

Country

**3. Mailing Office Address**

3785 NW 82 AM.

Suite, Apt. #, etc.

SUITE 208

City & State

MIAMI, FL

Zip

33166

Country

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

7/26/94

**5. FEI Number**

65-0929554

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

EDUARDO AVILA

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

3785 NW 82 AVE.

Suite, Apt. #, Etc.

SUITE 208

City

MIAMI

State  
FL

Zip Code  
33162

**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 12-2-03

**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
PD	EDUARDO AVILA	3785 NW 82 AVE.	MIAMI FL. 33162

**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

EDUARDO AVILA

12-2-03

Date

(305) 262-2449

Daytime Phone #

CR2E081 (10/02)