

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 SEP -4 AM 9:15

142

DOCUMENT # P. 95 00000 1907

1. Corporation Name

KWIK - SHOP TRADE & TRAVEL, INC.

2. Principal Office Address

859 N.E. 115TH ST.

Suite, Apt. #, etc.

BISCAYNE PARK

City & State

MIAMI FL

Zip

33161

Country

3. Mailing Office Address

859 N.E. 115TH ST

Suite, Apt. #, etc.

BISCAYNE PARK

City & State

MIAMI FL

Zip

33161

Country

REINSTATEMENT 96-03

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

01 06 1995

5. FEI Number

650555266

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JOHN CLEMENT COETZEE

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

859 N.E. 115TH ST.

Suite, Apt. #, Etc.

BISCAYNE PARK

City

MIAMI

State

FL

Zip Code

33161

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 9-4-03

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
D.	JOHN CLEMENT COETZEE	859 N.E. 115 ST	MIAMI FL. 33161

600022754636
09/04/03--01001--021 **1325.00

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

9-4-03

Date

Daytime Phone #

CR2E081 (10/02)

292

DEAR SIR.

TO WHOM IT MAY CONCERN, I DID NOT RECEIVE
my UNIFORM BUSINESS REPORT FOR 1996/7

THANK YOU.

JOHN COETZEE
PRESIDENT

