

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV 25 AM 9:57

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P95000038949**

1. Corporation Name

KANEC (USA), INC.

Principal Place of Business

**2321 DUNHILL AVENUE
MIRAMAR FL 33025**

Mailing Address

**2321 DUNHILL AVENUE
MIRAMAR FL 33025**

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

2. New Principal Office Address, If Applicable

3399 NW 151 TERR

3. New Mailing Office Address, If Applicable

3399 NW 151 TERR

Date Incorporated or Qualified
To Do Business in Florida

05/15/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OPA-LOCCA FLA.

City & State

OPA-LOCCA FLORIDA

Zip

33054

Country

USA

Zip

33054

Country

USA.

65-0584379

Applied For

Not Applicable

CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES.	EDENE J. ILEJIANI	2321 DUNHILL AVE	MIRAMAR FL. 33025
V.P.	AZUBUEZE ILEJIANI	2321 DUNHILL AVE	MIRAMAR FL. 33025
DIRECTOR	ASAM ILEJIANI MD	1916 PATTERSON RD, STG 600	NASHVILLE TN.
DIRECTOR	OLISA ILEJIANI MD	1718 HANOVER AVE	ALLEN PARK MICHIGAN 48101
DIRECTOR	BONNY ILEJIANI MD	2003 FULTON ROAD NW	CANTON OHIO 44709

8. Name and Address of Current Registered Agent

**MOGBO, CHUCH P.A.
2331 NO. STATE ROAD 7
STE. 124
LAUDERHILL FL 33313**

9. Name and Address of New Registered Agent

Name **200002016602-9**
Street Address (P.O. Box Number is Not Allowed) **12782/96-01007-025**
Suite, Apt. #, Etc. **3375.00 3375.00**
City **FL** State **FL** Zip Code

I, being appointed the registered agent of the above corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **10/29/96**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **9/23/96**

Daytime Phone # **38-688-3999**