

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 SEP 25 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

895 0000 84379

1. Corporation Name

ANKARAFIMPORT EXPORT, CORP.

400008048604--2
-09/26/02--01035--012
****608.75 ****600.00

2. Principal Office Address

6285 S.W. 40th Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33155

Country

Dade

3. Mailing Office Address

6285 S.W. 40th Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33155

Country

Dade

4. Date Incorporated or Qualified
To Do Business in Florida

1/19/98

5. FEI Number

65-0820330

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

Maria Kaba

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

1936 S.W. 136 Place

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33175

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

Maria Kaba

REGISTERED AGENT MUST SIGN

Date

9/4/02

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
President	MARIA KABA	1936 S.W. 136 Place	Miami, Florida 33175

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:

Maria Kaba, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/4/02

Date

(305) 776-6446

Daytime Phone #

CR2E081 (9/01)