

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 MAY -8 AM 8:13
STATE OF FLORIDA

DOCUMENT # P96000012175

1. Corporation Name

KENDALL AIRPORT COMMERCE CENTER, INC

100075289031
05/25/06--01049--004 **1200.00

2. Principal Office Address

9555 SW 88 STREET

Suite, Apt. #, etc.

SUITE 201

City & State

MIAMI, FLORIDA

Zip

33176

Country

3. Mailing Office Address

9555 SW 88 STREET

Suite, Apt. #, etc.

SUITE 201

City & State

MIAMI, FLORIDA

Zip

33176

Country

REINSTATEMENT 03-06

4. Date Incorporated or Qualified
To Do Business in Florida

02/08/1996

5. FEI Number

65-0648302

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

RUDY NUÑEZ

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

100 ALMERIA AVENUE

Suite, Apt. #, Etc.

SUITE 340

City

CORAL GABLES

State
FL

Zip Code

33134

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

R. Nuñez

REGISTERED AGENT MUST SIGN

Date

4/12/06

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
PSD	RICHARD F. KONDLA	9555 SW 88 ST, STE 201	MIAMI, FL 33176

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 contained in Chapter 119, 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

Date

4-28-00

Daytime Phone #

B. Mitchell MAY 16 2006