

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 DEC 26 PM 3:56

DOCUMENT # P96000020792

1. Corporation Name

KAFKA, INC.

Principal Place of Business

1464 WASHINGTON AVE  
MIAMI BEACH FL 33139

US

Mailing Address

1464 WASHINGTON AVE  
MIAMI BEACH FL 33139

US



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

REINSTATEMENT

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/06/1996

5. FEI Number

65-0648585

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSVT	GAVIRIA, LUIS E	1464 WASHINGTON AVE	MIAMI BEACH FL 33139
D	GAVIRIA, LUIS E	1464 WASHINGTON AVE	MIAMI BEACH FL 33139

100004765211--9

01/10/02 01065-008

\*\*\*\*750.00 \*\*\*\*750.00

*Handwritten signature/initials*

8. Name and Address of Current Registered Agent

GAVIRIA, LUIS E  
1464 WASHINGTON AVE  
MIAMI BEACH FL 33139

9. Name and Address of New Registered Agent

Name GAVIRIA, LUIS E

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

1464 WASHINGTON AVE

Suite, Apt. #, Etc.

City

MIAMI BEACH

State

FL

Zip Code

33139

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

Signature of  
Registered Agent

*Signature of Luis E. Gaviria*  
REQUIRED

REGISTERED AGENT MUST SIGN

Date

12/14/01

11. 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 of Luis E. Gaviria*  
GAVIRIA 12/14/01 (305)207-6964  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/01)