

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

DEC 12 AM 10:11  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # P96000034663**

1. Corporation Name  
**KUMOVI TRADING, INC.**

Principal Place of Business  
**1235 ALTON ROAD  
 SUITE A  
 MIAMI BEACH FL 33139**

Mailing Address  
**1235 ALTON ROAD  
 SUITE A  
 MIAMI BEACH FL 33139**



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

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/22/1996	
City & State		City & State		5. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

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
PD	KUGEL, ARON	1235 ALTON ROAD SUITE A	MIAMI BEACH FL 33139
SD	MORAES, ITALO	1235 ALTON ROAD SUITE A	MIAMI BEACH FL 33139
			200002375772-5 -12/17/97-01110-018 ****758.75 ****758.75
			REINSTATEMENT (94) A. Aron 12/17/97

8. Name and Address of Current Registered Agent

**KUGEL, ARON  
 1235 ALTON ROAD  
 SUITE A  
 MIAMI BEACH FL 33139**

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	Zip Code
	<b>FL</b>	

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]* REGISTERED AGENT MUST SIGN Date

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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]* ARON KUGEL  
 SIGNATURE (DO NOT TYPE OR PRINTED NAME OF SIGNER - OFFICER OR DIRECTOR)

DEC 01 1997  
 DAYTIME PHONE #

CP2E040 (8/97)