

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P97000005724

1. Corporation Name

KIWI S.A., INC.

Principal Place of Business

1317 BRIARWOOD DRIVE  
ROCKLEDGE FL 32955

Mailing Address

POB 560198  
ROCKLEDGE FL 32956  
US

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

2. New Principal Office Address, If Applicable

KIWI S.A., Inc.

Suite, Apt. #, etc.

2153 S. U.S. #1

City & State

Rockledge, FL

Zip

32955

Country

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/21/1997

SP

5. FEI Number

59-3427788

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	O'SHEA, GERALD P	1317 BRIARWOOD DRIVE	ROCKLEDGE FL 32955

200003079402--6  
12/23/99-01057-010  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

MARKEY & FOWLER, P.A.  
410 WEST MERRITT AVENUE  
MERRITT ISLAND FL 32953

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of  
Registered Agent

*[Signature]* as President  
REGISTERED AGENT MUST SIGN

Date 12/3/99

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-19-99

467-639-4909

CR2004 (09/99)