

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 28 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000005724

1. Corporation Name

KIWI S.A., INC.

Principal Place of Business

2153 S. U.S. 1
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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 02

4. Date Incorporated or Qualified
To Do Business in Florida

01/21/1997

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	O'SHEA, GERALD P	3222 S ATLANTIC AVE	COCOA BEACH FL 32931

200008622092
10/28/02--01068--013 **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)

25 McLeod Street

Suite, Apt. #, Etc.

City

Merritt Island

State

FL

Zip Code

32953

CR20040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/23/02

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

10-22-02

Date

Daytime Phone #

321-288-7716

11/4/02