

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P97000006630

1. Corporation Name

K L N G BROTHERS CORP.
7925 N.W. 12th STREET, SUITE 318
MIAMI, FLORIDA 33126

2. Principal Office Address

7925 N.W. 12th STREET: 3

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SUITE #318

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

Zip

33126

Country

MIAMI DADE

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/23/97

5. FEI Number

65-0720630

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

AIRTON T KIELING

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

7925 N.W. 12th STREET

Suite, Apt. #, Etc.

#318

City

MIAMI

State

FL

Zip Code

33126

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

[Signature]

Date 02/09/01

REGISTERED AGENT MUST SIGN

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
P	AIRTON T KIELING	7925 N.W. 12th STREET STE.318	MIAMI, FLORIDA 33126
S/T	LUCIANA LAGRECA	7925 N.W. 12th STREET STE.318	MIAMI, FLORIDA 33126

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 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

02/09/01

Date

Daytime Phone #