

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 MAR 27 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000053997

1. Corporation Name

KWSF of MIAMI INC

2. Principal Office Address

1990 NE 149 ST

Suite, Apt. #, etc.

City & State

NORTH MIAMI FL

Zip

33181

Country

USA

3. Mailing Office Address

10618 NE 10th CT

Suite, Apt. #, etc.

City & State

MIAMI SHORES FL

Zip

33138

Country

USA

REINSTATEMENT

8100

4. Date Incorporated or Qualified
To Do Business in Florida

6/1997

5. FEI Number

65-0761459

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

IVA K BILES

700003195967-2

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

1251 NE 108th ST

04/04/00-01100-014

***1050.00 ***1050.00

Suite, Apt. #, Etc.

APT 705

City

MIAMI

State

FL

Zip Code

33161

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

Iva K Biles

REGISTERED AGENT MUST SIGN

Date 3/22/00

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
<u>Pres</u>	<u>KAREN R BILES</u>	<u>10618 NE 10th CT</u>	<u>MIAMI SHORES FL 33138</u>
<u>SECF</u>	<u>DAVID A BILES</u>	<u>10618 NE 10th CT</u>	<u>MIAMI SHORES FL 33138</u>

KE

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:

KAREN R BILES Kam RB
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/2000
Date

305 726 1305
Daytime Phone #