

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10P2

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED

98 NOV 13 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000080509

1. Corporation Name

KEHESA, INC.

Principal Place of Business

14780 SW 151 TERRACE
MIAMI FL 33196

Mailing Address

14780 SW 151 TERRACE
MIAMI FL 33196

If above addresses are incorrect in any way, line 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

09/17/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

650790891

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	AUSTIN, HENRY	14780 SW 151 TERRACE	MIAMI FL 33196
D	TULLOCH, KEITH	14780 SW 151 TERRACE	MIAMI FL 33196
D	AUSTIN, STANELY	14780 SW 151 TERRACE	MIAMI FL 33196

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-11/23/98--01146--021
***150.00 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AUSTIN, HENRY
14780 SW 151 TERRACE
MIAMI FL 33196

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 607.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11-17-98

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-17-98

Date

Daytime Phone #

CR2E040 (9/96)

1012

Kehesa Inc.
14780 SW 151 Terr
Miami Fl 33196
Tel (305) 278 8458
Fax (305) 971 9413

Florida Dept of Corporations
Div of Reinstatements
To Whom It May Concern,


Per conversation with an employee from the office of reinstatements (Lesley), on 11/13/98. It was brought to my attention that my corporation, Kehesa Inc., has failed to file information pertaining to our annual reports.

Unfortunately, I was completely unaware of the above mentioned requirements. To date, I have not received any notification or documentation indicating that Kehesa inc. has been negligent in anyway.

Enclosed you will find a check for One Hundred And Fifty Dollars as instructed by the Above mentioned employee, along with the completed application for reinstatement of Kehesa Inc..

Your immediate attention to the matter is greatly appreciated. If you should need further Information or documentation in regards to this request, please notify me @ the address or telephone number above.

Sincerely


Henry N. Austin
President/Ceo. Kehesa Inc.

