

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JUN 17 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000093356

1. Corporation Name

KENDALL DEVELOPERS, INC.

600020320396
06/23/03--01109--009 **150.00

600020320396
06/02/03--01085--015 **150.00

2. Principal Office Address

7050 SW 86TH Ave.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

REINSTATEMENT 02-03

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0827504

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

City & State

MIAMI, FLORIDA

City & State

Zip

33143

Country

U.S.A.

Zip

Country

7. Name and Address of Current Registered Agent

Name

ALBERTO J. PARLADE, ESQ.

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

7050 SW 86TH AVE.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33143

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

Date

5/23/03

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/S/D	R. Sosa A/K/A Raquel Sosa Carro	13003 Zambrana St.	Coral Gables, Florida, 33156
V/T/D	N. Wood A/K/A Nancy Wood Sanabria	944 San Pedro Ave.	Coral Gables, Florida, 33156

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

5/27/3

Date

(305)

Daytime Phone #

9.6/17

CR2E081 (1/0/02)