

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

03 JUL 28 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000095525

1. Corporation Name

KONDOR HANDELGESELLSCHAFT, INC.

2. Principal Office Address
4466 NW 74 AVE.

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

Zip 33166 Country USA

3. Mailing Office Address
4466 NW 74 AVE.

Suite, Apt. #, etc.

City & State MIAMI, FLORIDA

Zip 33166 Country USA

200022357192
08/15/03--01061--002 **1500.00

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

11-07-1997

5. FEI Number 65-0792714

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

Juan Mucarquer

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

4466 NW 74 AVE.

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code

33166

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

REGISTERED AGENT MUST SIGN

Date July 25th. 2003

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
D	Juan Mucarquer	4466 NW 74 AVE.	Miami, Florida 33166
PD	JUSTINO REYES	4466 NW 74 AVE.	Miami FL 33166

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

Date July 25th. 2003

Daytime Phone #