

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 OCT 21 PM 4:33

DOCUMENT # P97000100963

1. Corporation Name

K.M.A. Investments, Inc.

800159889518
08/24/09--01062--011 **2258.75

2. Principal Office Address - No P.O. Box #
1385 Cottonwood Circle

3. Mailing Office Address
7481 SW 8 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite K

City & State
Weston, FL

City & State
Miami, FL

Zip
33326

Country
Broward

Zip
33144-4547

Country
Miami-Dade

4. Date Incorporated or Qualified
To Do Business in Florida **12/01/1997**

5. FEI Number
65-0807032

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
Francisco A. Ragonese

Street Address (P.O. Box Number is Not Acceptable)
1385 Cottonwood Circle

Suite, Apt. #, Etc.

City
Weston, FL

State Zip Code
FL 33326

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Francisco A. Ragonese

Date **08/15/2009**

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
Pres.	Francisco A. Ragonese	1385 Cottonwood Circle	Weston, FL 33326
Secr.	Mercy Lopez	1385 Cottonwood Circle	Weston, FL 33326
Treas.	Francisco J. Ragonese	1385 Cottonwood Circle	Weston, FL 33326

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 in 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 contained in Chapter 119, 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:

Francisco A. Ragonese

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Francisco A. Ragonese, Pres.

08/15/2009

Date

305 261-9292

Daytime Phone #