

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUL 25 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000029641

1. Corporation Name

Karim G. Inc.

REINSTATEMENT 01-03

2. Principal Office Address

11 SW 7th St.

Suite, Apt. #, etc.

3. Mailing Office Address

11 SW 7th St.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33130

Country

U.S.

Zip

33130

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

March 30, 1998

5. FEI Number

52-2091507

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

Karim Gontan

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

11 SW 7th St.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33130

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

Karim Gontan
REGISTERED AGENT MUST SIGN

Date

7-20-03

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>Karim Gontan</u>	<u>11 SW 7th St.</u>	<u>Miami, FL 33130</u>
<u>v. Pres</u>	<u>Ana Gontan Kearson</u>	<u>11 SW 7th St.</u>	<u>Miami, FL 33130</u>

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:

Karim Gontan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-20-03

Daytime Phone #

(305)-951-4831
3792772

CR2E081 (10/02)

7/22/03