

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

AND
FILED

00 MAY -2 PM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P980000063364

1. Corporation Name

Kitel USA Company

200003258832--4

-05/19/00--01103--022

****900.00 ****900.00

2. Principal Office Address

1654 SW 8th Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33135

Country

USA

3. Mailing Office Address

1654 SW 8th Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33135

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

July 20, 1998

5. FEI Number

05-0851202

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

Felix H. Salas

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

833 - 85th Street

Suite, Apt. #, Etc.

Apt. #2

City

Miami Beach

REINSTATEMENT

State

FL

Zip Code

33141

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

4-26-00

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. | Felix H. Salas | | 833 - 85 th Street, Apt. #2 | | Miami Beach, FL 33141 | |
| V-Pres. | Hugo Hernandez | | 45 West 38 th Street | | Hialeah, FL 33012 | |
| CFO | Claudio Mendoza | | 8275 SW 53 rd Avenue | | Miami, FL 33143 | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

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

4-26-00

Date

305-642-3388

Daytime Phone #

CR2E081 (9/99)