

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #P98000105708

1. Corporation Name

3-K INTERNATIONAL, INC.

2. Principal Office Address

18650 NE 28th Court

3. Mailing Office Address

18650 NE 28th Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Aventura, FL

City & State

Aventura, FL

Zip

33180

Country

USA

Zip

33180

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/21/98

5. FEI Number

65-0943195

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

Leonard Oshinsky

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

1150 E. Hallandale Beach Blvd.

Suite, Apt. #, Etc.

A

City

Hallandale Beach

State

FL

Zip Code

33009

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

Leonard Oshinsky

REGISTERED AGENT MUST SIGN

Date

03/04/03

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
DPST	Robert A. Knyper	584 Ocean Blvd.	Golden Beach, FL 33160

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:

Robert A. Knyper
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/04/03

Date

305/682-8282

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 MAR 10 PM 4:40
22-10-3

REINSTATEMENT

CR2E081 (10/02)