

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAR 23 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000108139**

1. Corporation Name

KARA-PAN INC.

400003959664--4

-04/05/01--01002--009

***300.00 ***300.00

SP

2. Principal Office Address

81-221 Old State Hgwy.

3. Mailing Office Address

88-36 77th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Islamorada, FL

City & State

Glendale, NY

Zip

33036

Country

USA

Zip

11385

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/30/98

5. FEI Number

65-0893305

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

Marek Kiyashka

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

81-221 Old State Hgwy.

Suite, Apt. #, Etc.

City

Islamorada

State
FL

Zip Code
33036

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

Marek Kiyashka

Date

3-5-01

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
PRESIDENT	MAREK KIYASHKA	81-221 Old State Hgwy.	Islamorada, FL 33036

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:

Marek Kiyashka

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-5-01

Daytime Phone #

CR2E081 (9/00)