PLEASE READ ALL INSTRUCTIONS BEFORE

FILED
03 JUN -2 PM 5:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000006972

1. Corporation Name

AKEMI ENTERPRISE INC.

REINSTATEMENT

2. Principal Office Address		3. Mailing Office Address	
3243 NW 87 STREET		3243 NW 87 STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
MIAMI, FL		MIAMI, FL	
Zip	Country	Zip	Country
33147		33147	

4. Date Incorporated or Qualified To Do Business In Florida: 1/25/1999

5. FEI Number: 11-3690531 — X Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: ALBERTO O. VALIENTE

Street Address (P.O. Box Number is Not Acceptable): 1675 WEST 56TH STREET

Suite, Apt. #, Etc.: APT 228-D

City	State	Zip Code
HIALEAH	FL	33012

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: A. Valiente — Date: 5/30/03

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 / Street / Zip
P,D	ODESSA GONZALEZ	1675 WEST 56TH STREET, APT 228-D	HIALEAH, FL 33012
S,D	ALBERTO O. VALIENTE	1675 WEST 56TH STREET, APT 228-D	HIALEAH, FL 33012

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.

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SIGNATURE: ODESSA GONZALEZ — 5/30/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

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Account Number : I19980000015
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CORPORATION REINSTATEMENT

AKEMI ENTERPRISE INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$1,200.00