PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~APPLICATION FOR REINSTATEMENT~~

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

00-0108

192

FILED
01 FEB 23 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000013023

1. Corporation Name

Cesar King Corp

Principal Place of Business	Mailing Address
5055 Collins Ave #9B Miami Beach, FL 33140	

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
407 Lincoln Rd	
Suite, Apt. #, etc.: 5b	Suite, Apt. #, etc.
City & State: Miami Beach, Florida	City & State
Zip: 33139 Country: Dade	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

6. FEI Number: 65-0899536 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	Osvaldo Cesar	407 Lincoln Rd #5B	Miami Beach, FL 33139

100000379689I -3
-03/05/01--01012--015
****300.00 ****300.00

LS

8. Name and Address of Current Registered Agent

Osvaldo Cesar
5055 Collins Ave #9b
Miami Beach, Fl 33140

9. Name and Address of New Registered Agent

Name: Osvaldo Cesar
Street Address (P.O. Box Number is Not Acceptable): 407 Lincoln Rd #5B
Suite, Apt. #, Etc.:
City: Miami Beach State: FL Zip Code: 33139

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent _____ Date 02-06-2001
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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: _____ 02-06-2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Brito & Brito Accounting

407 Lincoln Road, Suite 5-b
Miami Beach, Fl 33139
Corporate Accounting and Business Development
Tel: (305) 534-9292/ Fax: (305) 534-7534

Department of State

February 6, 2001

Ref.: Cesar King Corp
P99000013023

Dear Sir or Madam:

Please note that my client has never received his renewal annual report.

Please accept the renewal fee.

Thanking you in advance.

Sincerely,

George Brito
Accountant