

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC 17 PM 4:00

DOCUMENT #

P99000052020

1. Corporation Name

KMC TRADING CORP.

2. Principal Office Address

20101 NE 16th Pl.

Suite, Apt. #, etc.

City & State:

MIAMI, FL.

Zip

33179

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

6/03/99

5. FEI Number

65-0928860

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

KAREN MOODY

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

20101 NE 16th Pl.

Suite, Apt. #, Etc.

City

MIAMI, FL.

State
FL

Zip Code

33179

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***750.00 *** 50.00

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

Karen Moody

REGISTERED AGENT MUST SIGN

Date 11/16/01

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
<i>Pres</i>	KAREN MOODY	20101 NE 16th Pl.	MIAMI, FL. 33179
<i>Sec</i>	MICHAEL-A. CORREA	20101 NE 16th Pl.	MIAMI, FL. 33179

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

Date

Daytime Phone #

11/16/01 305 690-4233