

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000063589

**1. Corporation Name**

KPN, Inc.

**2. Principal Office Address**  
30600 S. Dixie Highway

Suite, Apt. #, etc.

City & State  
Homestead, Florida

Zip  
33030

County  
Dade

**3. Mailing Office Address**  
30600 S. Dixie Highway

Suite, Apt. #, etc.

City & State  
Homestead, Florida

Zip  
33030

County  
Dade

FILED  
06 MAR -2 PM 4:20  
FLORIDA DEPARTMENT OF STATE  
REINSTATEMENT

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03/20/06--01024-025 \*\*1050.00

CR2E081 (12/05)

**4. Date Incorporated or Qualified  
To Do Business in Florida** 07/16/1999

**5. EIN Number** 65-0957674  **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  
Sanjay J. Patel

Street Address (P.O. Box Number is Not Acceptable)  
30600 S. Dixie Highway

Suite, Apt. #, Etc.

City  
Homestead, Florida

State  Zip Code  
FL 33030

B 3/1/06

REINSTATEMENT 04/06

**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 Sanjay J. Patel

Date 1-31-06

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
D	Sanjay J. Patel	30600 S. Dixie Highway	Homestead, Florida 33030
D	Rashmi S. Patel	30600 S. Dixie Highway	Homestead, Florida 33030

**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 contained in Chapter 119, 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:

Sanjay J. Patel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-06 305-247-7032

Date

Daytime Phone #