

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

Country
Dade

3. Mailing Office Address

30600 S. Dixie Highway

Suite, Apt. #, etc.

City & State

Homestead, Florida

Zip
33030

Country
Dade

100068109971
03/20/06--01024--025 **1050.00

CR2E081 (12/05)

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

5. FEI 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
FL

Zip Code
33030

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

SANJAY J. PATEL

1-31-06

305-247-7032

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #