

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P99000064118

1. Corporation Name

KOPENHAGEN OF AMERICA, INC.

Principal Place of Business

3300 NE 32ND STREET
FORT LAUDERDALE FL 33308

Mailing Address

3300 NE 32ND STREET
SUITE #601
FORT LAUDERDALE FL 33308

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/20/1999

5. FEI Number

65-1003887

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 3	City / State / Zip 4
D	FIGUEIREDO DE MORAES, CLAUDIA RE	3300 NE 32ND STREET #601 3300 NE 32nd. Street	CORAL GABLES FL 33134 Fort Lauderdale, FL-33308
D	MONTEIRO, JOSE RENATO	3300 NE 32ND STREET #601 3410 Golf Ocean Drive #705N	CORAL GABLES FL 33134 Fort Lauderdale, FL-33308

8. Name and Address of Current Registered Agent

SANTOS, MANRO C ESQ
25 SE SECOND AVE
SUITE 1235
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/8/02

11. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

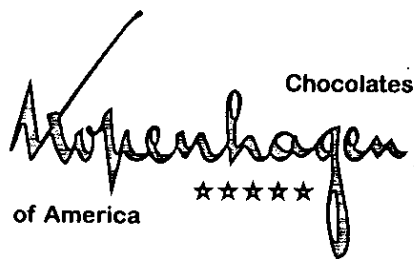
Jose Renato Monteiro

11/05/02

954-390-6183

Date

Daytime Phone #



Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Kopenhagen of America, Inc.
#P99000064118

To Whom It May Concern:

Enclosed please find our Application for Reinstatement. Our original Uniform Business Report was timely filed, yet a representative from your office informed us that the original application was returned to us due to lack of signatures. However, we never received the returned application. We therefore ask that you reinstate our corporation as soon as possible.

If you have any questions, please feel free to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Jose Renato Monteiro".

Jose Renato Monteiro
Vice-President

Enclosure

KOPENHAGEN OF AMERICA, INC.

3300 N.E. 32nd Street • Fort Lauderdale, FL 33308 • Tel:(954) 390-6183 • Fax(954) 390-6185 • www.chocolates-kopenhagen.com