

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 MAY 23 PM 4:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000070835

1. Corporation Name

KEPPEL INVESTMENTS, INC.

2. Principal Office Address

19570 N.W. 2ND AVE

Suite, Apt. #, etc.

3. Mailing Office Address

19570 N.W. 2ND AVE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33169

Country

USA

Zip

33169

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

8-10-99

5. FEI Number

65-0939859

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

NOEL E. ESCOBAR

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

4420 S.W. 77 AVENUE

Suite, Apt. #, Etc.

City

DAVIE, FLORIDA -

State  
FL

Zip Code

33328

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

NOEL E. ESCOBAR  
REGISTERED AGENT MUST SIGN

Date

5/22/02

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.P. V.P.S.T	YESID RAMIREZ	19570 N.W. 2ND AVENUE	MIAMI, FLA - 33169

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\*\*\*150.00 \*\*\*150.00

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

YESID RAMIREZ (President)

Date

5/22/02

Daytime Phone #

(305)  
655-2222

CR2E081 (9/01)