


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED

01 NOV -7 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000076941

1. Corporation Name

KESSEP LABORATORIES, INC.

Principal Place of Business

Mailing Address

3168 S.W. 21 ST.
MIAMI FL 33145

3168 S.W. 21 ST.
MIAMI FL 33145

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

2. New Principal Office Address, If Applicable

10851 NW 27 ST

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

10851 NW 27 ST

Suite, Apt. #, etc.

City & State
MIAMI FL 33172

Zip
33172

Country
USA

City & State
MIAMI, FL

Zip
33172

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/25/1999

5. FEI Number
65 0948199

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	KESSEP, ELIAS	3168 S.W. 21 ST.	MIAMI FL 33145
D	KESSEP, JORGE	3168 S.W. 21 ST.	MIAMI FL 33145

400004690144--9

-11/20/01--01090--004

****900.00 ****900.00

8. Name and Address of Current Registered Agent

KESSEP, ELIAS
3168 S.W. 21 ST.
MIAMI FL 33145

9. Name and Address of New Registered Agent

Name
JORGE KESSEP
Street Address (P.O. Box Number is Not Acceptable)
10851 NW 27 ST
Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33172

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.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/31/01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JORGE KESSEP

Date 10/31/01

Daytime Phone # 305 804 6620