APPLICATION FOR REINSTATEMENT

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

DO NOT WRITE IN THIS SPACE

FILED

99 AUG 19 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable to: *Department of State*

1. Name and Mailing Address of Corporation: DOCUMENT # S17462

KARMORE ENTERPRISES INC.
4444 Brickell Avenue, Suite 300
Miami, Florida 33131

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The address of the corporation cannot be changed only by filing an amendment.

Address

Address 300002971513--0
-08/26/98--01085--015

City and State ****908.75 ****908.75

Zip Code

3. Date Incorporated or Qualified To Do Business in Florida: 12/11/90

4. FEI Number

FEI Number Applied For

X FEI Number Not Applicable

5. $6.75 Additional Fee required for a Certificate of Status

X CERTIFICATE OF STATUS DESIRED

FEI will be applied for upon reinstatement

6. Names and Street Addresses of Each Officer and/or Director

1 Title	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City and State
PT	Alvaro Emil Salcedo	2800 Island Blvd. Unit 2504 North Miami Beach	North Miami Beach Florida 33160
S	John P. Corrigan	444 Brickell Ave. Suite 300	Miami Fl 33131

REINSTATEMENT 98-99 TS

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

John P. Corrigan
4444 Brickell Avenue
Suite 300
Miami, Florida 33131

8. Name and Address of New Registered Agent and/or Office

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City and State FL. Zip

CR2E040 (8/98)

9. 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 John P. Corrigan REGISTERED AGENT MUST SIGN Date Aug 17 1999

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director John P. Corrigan Date Aug. 17 1999 Daytime Phone # 305-358-5800

Typed or printed name of signing officer or director JOHN P. CORRIGAN, Secretary

TOTAL P.02