

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **S84629**

1. Corporation Name

KARINOL CORPORATION

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**777 NW 72 AVE. #1-CC-13
MIAMI FL 33126**

Mailing Address

**777 NW 72 AVE. #1-CC-13
MIAMI FL 33126**

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

10/03/1991

5. FEI Number

65-0290669

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required
for a Certificate of Status**

REINSTATEMENT

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	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 / State / Zip
SO P	BANDRICH, LUIS	7364 SW 82 ST #E-107 9060 SW 25 ST.	MIAMI FL 33165
TD	BANDRICH, ROMAN	7364 SW 82 ST #E-107	MIAMI FL
T	BANDRICH, LILIA	15 SAMANA DRIVE	MIAMI FL 33133
S	BANDRICH, LUIS, JR	15 SAMANA DR.	MIAMI FL 33133

700002826487-0
04/01/93-01052-020
******908.75 ****908.75**

8. Name and Address of Current Registered Agent

BANDRICH, LUIS
777 NW 72 AVE. #1-CC-13 9060 SW 25 ST.
MIAMI FL 33126 33165

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

L. Bandrich

REGISTERED AGENT MUST SIGN

Date **1/28/99**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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., 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

L. Bandrich

1/15/99

Daytime Phone #

CR2E040 (9/98)