

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 FEB -5 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V38431**

1. Corporation Name
K.C. IMPEX CORP.

Principal Place of Business 12841 S.W. 70TH AVE. MIAMI 33 33156 US	Mailing Address 12841 S.W. 70TH AVE. MIAMI 33 33156 US
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 97-98

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 05/22/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0340236	
City & State		City & State		Applied For	
Zip		Zip		Not Applicable	
Country		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)			
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
PSD	ASWANI, CHANDRU	12841 SW 70TH AVENUE	MIAMI FL 33156
VID	ASWANI, KAVITA	12841 SW 70TH AVENUE	MIAMI FL

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-02/10/98--01032--006
****900.00 ****900.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
ASWANI, CHANDRU 12841 SOUTHWEST 70TH AVENUE MIAMI FL 33156		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State 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: *[Signature]* REGISTERED AGENT MUST SIGN Date: **1-27-98**

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., and 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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: **1-27-98** (305) 256-0554 Daytime Phone #

CR2E040 (8/97)