PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY 26 AM 7:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #513166

1. Corporation Name

K A R Corporation

REINSTATEMENT 02-04
WOP

2. Principal Office Address	3. Mailing Office Address
300 71 Street	same
Suite, Apt. #, etc.: 440	Suite, Apt. #, etc.:
City & State: Miami Beach, Florida	City & State:
Zip: 33141 Country: USA	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 8/17/1976

5. FEI Number: 59-1686738 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: ADAM KARRON

Street Address (P.O. Box Number is Not Acceptable): 300 71 Street

Suite, Apt. #, Etc.: 440

City: Miami Beach | State: FL | Zip Code: 33141

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 _____ Date 5/24/04

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
PD	RICHARD KARRON	97501 Overseas Highway Apt. 408	Key Largo, FL 33037
T	KEN LESTZ	1452 La Costa Dr East	Pembroke Pines, FL 33027
D	ADAM KARRON	3300 NE 191ST, Apt. 1914	Aventura, FL 33180

800037342438
05/26/04-01051-010 **458.75

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: _____ 5/24/04 305 866-8606

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #