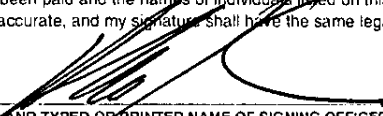


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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 Corporation Name K A R Corporation					
2. Principal Office Address 300 71 Street Suite, Apt. #, etc. 440 City & State Miami Beach, Florida Zip 33141 Country USA		3. Mailing Office Address same Suite, Apt. #, etc. City & State Zip Country		REINSTATEMENT 02-04 WOP 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					
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-DID ***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:  5/24/04 205 866-8606 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E081 (01/04)