

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 AUG -1 AM 8:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

01-02

03-26-01 90140 002 \$61.25

4. Date Incorporated or Qualified To Do Business in Florida		12/28/1979
5. FEI Number	592084295	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status

DOCUMENT #

1. Corporation Name

Kings Creek South Condominium Inc.

750424

2. Principal Office Address

7735 SW 86 ST

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33143

Country

US

3. Mailing Office Address

7735 SW 86 ST

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33143

Country

US

7. Name and Address of Current Registered Agent

Name

SKRLD, Inc.

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

201 Alhambra Circle

Suite, Apt. #, Etc.

1102

City

Coval Gables

000006952390-0

08/07/02-01058-007

****236.25 ****236.25

State

FL

Zip Code

33134

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

SKRLD, Inc. By Lisa A. Lerner

Secretary Date 6/17/02

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
President	James A. Spurl	7785 SW 86 ST E-205	Miami, FL 33143
V.P.	Wil Aaronson D	7785 SW 86 ST E-117	Miami, FL 33143
Secretary	Isabell Aront D	7715 SW 86 ST A2-203	Miami, FL 33143
Treasurer	Kay Chaurand D	7705 SW 86 ST B-210	Miami, FL 33143

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:

Isabell Aront D

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

06/13/02

Daytime Phone #

305-271-5454

CR2E081 (9/01)