

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # 760537  
1 Corporation Name **KENDALL INDUSTRIAL CENTER  
CONDOMINIUM ASSOCIATION ~~INC~~**

FILED

98 SEP 18 AM 10:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

96-98  
AD

Principal Place of Business: 14074 SW 142AV MIAMI FL 33146  
Mailing Address: P.O. Box 83-1655 MIAMI FL 33283

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

|  |         |  |         |  |  |
|--|---------|--|---------|--|--|
| 2. New Principal Office Address, if Applicable |         | 3. New Mailing Office Address, if Applicable |         | 4. Date Incorporated or Qualified To Do Business in Florida  |  |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc.                          |         | 5. FEI Number<br>59-2163390  |  |
| City & State                                   |         | City & State                                 |         | Applied For<br>Not Applicable  |  |
| Zip  | Country | Zip  | Country | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>Additional Fee required for a Certificate of Status</small> |  |

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 |
|-------------|--------------------------------------|--|-----------------------|
| D Pres      | ALAN Deems                           | P.O. Box 83-1655, N/A  | MIAMI FL 33283        |
| D VP        | <del>VIC</del> JAMES GRASBAUGH       | "  | "                     |
| D Sec/Tr    | JAY Hecker                           | "  | "                     |
| D           | CONNIE Greer                         | "  | "                     |

800002645878--8  
09/22/98 01041-002  
\*\*\*\*358.75 \*\*\*\*358.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

|   |  |  |  |
|---|--|--|--|
| DAVID H ROEL<br>c/o Becker & Poliakoff, P.A.<br>5201 Blue LAGOON DRIVE<br>Suite 100<br>MIAMI FL 33122 |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>Suite, Apt. #, Etc.<br>City<br>State FL Zip Code |  |
|---|--|--|--|

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]* Date: \_\_\_\_\_  
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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 taxes 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)(l), 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: *Jay M Hecker* *Sec/Trans.* 7/18/98 305-251-1398  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #