

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 MAY 29 PM 1:28


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400130439104
05/29/08--01029--015 **61.25

CR2E081 (12/07)

CRB 5/29

CORPORATION
AMENDED AR



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *G70852*

1. Corporation Name *KCLF*

2. Principal Office Address - No P.O. Box #
9848 MARINA BLVD.

3. Mailing Office Address
SAME

Suite, Apt. #, etc.
813

City & State
BOCA RATON, FL

City & State
FL 33428

Zip
33428

Country
USA

4. Date Incorporated or Qualified To Do Business in Florida *11-21-1983*

5. FEI Number *592338515*

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

7. Name and Address of Current Registered Agent

Name *ERIC FERNANDEZ MD*

Street Address (P.O. Box Number is Not Acceptable)
9848 MARINA BLVD.

Suite, Apt. #, Etc.
#813

City *BOCA RATON,* State *FL* Zip Code *33428*

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 *[Signature]* Date *5-12-08*

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) *NEW OFFICERS*

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	ERIC FERNANDEZ MD	9848 MARINA BLVD #813	BOCA RATON, FL 33428
VP	NANCY G. FERNANDEZ	9848 MARINA BLVD #813	BOCA RATON, FL 33428
S	GAUDIE A. VERZAR FERNANDEZ	1501 NW 113 WAY	POTBROKE PINES, FL 33026
T	LORENCE C. FRIED	1303 NW 12TH DR.	SUNRISE, FL 33323
D	KATRINA L. PARKHILL	597 WOOD ST	NEW CANAAN, CT 06840

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 contained in Chapter 119, 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]* Date *5-12-08*

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