

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT DOCUMENT # K90544



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

FILED 99 SEP 21 PM 1:37 SECRETARY OF STATE TALLAHASSEE, FLORIDA

1. Corporation Name: C.K. Construction Associates, Inc.

Principal Place of Business: 1111 Kane Concourse Suite 301 Bay Harbor, FL 33154

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 P.O. Box 545979 Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

1989

State, Apt. #, etc.

City & State

City & State: Surferside, FL

5. FEI Number

65-0128043

Applied For

Not Applicable

Zip

Country

Zip

33154

Country

USA

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Table with 4 columns: Title, Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Row 1: Pres. Bernardo Coiffman, 1251-96 ST, Bay Harbor, FL 33154, Bay Harbor, FL 33154

REINSTATEMENT 98-99 TS

000003006540--3 -10/05/99--01113--020 \*\*\*900.00 \*\*\*300.00

8. Name and Address of Current Registered Agent

Bernardo Coiffman 1251 96 St Bay Harbor, FL 33154

9. Name and Address of New Registered Agent

Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL

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]

REGISTERED AGENT MUST SIGN

Date Sept. 3, 1999

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes [checked] 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 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sept. 3, 1999

Date

(305) 868-3717

Daytime Phone #

CR2E08112 981