

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000025632

Name and Mailing Address

0012978 01 AT 0.292 **AUTO T7 0 0615 33486-145425



K.A. INTERNATIONAL, LLC
~~5425 GRAND PARK PLACE~~
BOCA RATON FL 33486-1454

2519 Arbor Drive
Ft. Lauderdale, FL
33312

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FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E094 (7/03)

2. New Mailing Address 2519 Arbor Drive City, State, Zip Ft. Lauderdale, FL 33312		4. State/Country of Formation FL	
Principal Place of Business 5425 GRAND PARK PLACE BOCA RATON FL 33486		5. Date Organized or Qualified To Do Business in Florida 09/30/2002	
3. New Principal Place of Business Address 2519 Arbor Drive City, State, Zip Ft. Laud. FL 33312		6. FEI Number 20-0395087 <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
8. Name and Address of Current Registered Agent POLLER, NEALE J ESQUIRE 550 BILTMORE WAY - SUITE 700 CORAL GABLES FL 33134		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box) 11/21/03--01008--011 **150.00 City FL Zip Code			
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent: <u>SIGNATURE REQUIRED</u> Date: 11/18/03 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	POLLER, NEALE J	550 BILTMORE WAY - SUITE 700	CORAL GABLES FL 33134
MGRM	KOCH 'N BERG UNLIMITED, INC.	5425 GRAND PARK PLACE 2519 Arbor Drive	BOCA RATON FL 33400 Ft. Laud. FL 33312
REINSTATEMENT 2003			
BK			

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager: SIGNATURE REQUIRED Date: 11.14.03 Daytime Phone #: 954.583.2545

Typed or printed name of signing Managing Member/Manager: Jill Kuechenberg