PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT O 7-01 DOCUMENT # M8689 1. Corporation Name 3 AKING INGOLMAN	Katheri Secreta Division of	RTMENT OF STATE ine Harris iry of State corporations	FILED UI MAR 16 AM II: 12 SECRETARY OF STATE TALLAHASSEE FLORIDA
2. Principal Office Address 3. Mailing Of		ess	
13 WOODS LAWE	13 60005	4	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
	د		4. Date Incorporated or Qualified To Do Business in Florida
City & State	City & State		MAY 11, 1988
BOUNTON BEACH FE BOYN-		BEHEU FL	5. FEI Number Applied For Not Applied For
Zip Country	Zip	Country	6\$8.75_Additional Foo required
33436 PALM BOHEN	33436	PALM BONEM	CERTIFICATE OF STATUS DESIRED for a Certificate of Status
Street Address (P.O. Box Number is Suite, Apt. #, Etc. City Boy Tox Box Signature of Registered Agent Audio Discourse Street Agent	bove named corporation, am	T SIGN	Date 3 1~ (~001
Titles Name of Officers and/or Directo	Name of Street Address of Ea Officers and/or Directors Officer and/or Directors		
PRES. HAROLD JACK	13	BONDON BONCH, FL 33436	
V.PR HERMINE JAFFE	(3)	Woods Lands	BOYNON BONCY FL 33.436
1 Taparos 1	etune, bi	to execute this application a	s provided for in chapter 607 or 617, F.S. I further certify that when filing