

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 APR 21 AM 9:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000060643**  
1. Corporation Name  
**1170 KANE CONCOURSE GROUP, INC.**

**REINSTATEMENT 02-03**

2. Principal Office Address <b>701 Brickell Avenue</b> Suite, Apt. #, etc.		3. Mailing Office Address <b>701 Brickell Avenue</b> Suite, Apt. #, etc.	
City & State <b>Suite 1250</b> <b>Miami, Florida</b>		City & State <b>Suite 1250</b> <b>Miami, Florida</b>	
Zip <b>33131</b>	Country	Zip <b>33131</b>	Country

**800016325068**  
04/18/03--01058--009 \*\*900.00

4. Date Incorporated or Qualified To Do Business in Florida **June 22, 2000**

5. FEI Number **65-1034500**  
Applied For  Not Applicable

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

7. Name and Address of Current Registered Agent

Name **Norman T. Roberts**

Street Address (P.O. Box Number is Not Acceptable) **50 West Mashta Drive**

Suite, Apt. #, Etc. **Suite 4**

City **Key Biscayne** State **FL** Zip Code **33149**

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 Date **April 10, 2003**

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTD	Jaime Gilinski	701 Bricekll Ave., S1250	Miami, Fl. 33131
VPS	Robert L. Brookes	701 Brickell Ave., S1250	Miami, Fl. 33131

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 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: Date **April 10, 2003** (305) 3585300

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Robert L. Brookes Vice President** Daytime Phone #

*js 4/21/03*

CR2E081 (10/02)