

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 NOV 25 PM 2:40

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P01000092192**

1. Corporation Name

KENDALL EIGHT PROPERTIES, INC.

Principal Place of Business

Mailing Address

9555 SW 88TH STREET
 SUITE 201
 MIAMI FL 33176

9555 SW 88TH STREET
 SUITE 201
 MIAMI FL 33176



REINSTATEMENT 02

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

4. Date Incorporated or Qualified To Do Business in Florida

09/20/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1143638

Applied For

Not Applicable

City & State

City & State

Zip Country Zip Country

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

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

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|------------|-------------------------------------|--|----------------------|
| D | KONDLA, RICHARD F | 9555 SW 88TH STREET SUITE 201 | MIAMI FL 33176 |
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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KONDLA, RICHARD F
 9555 SW 88TH STREET
 SUITE 201
 MIAMI FL 33176

Name: **MANUEL RIVERO**
 Street Address (P.O. Box Number is Not Acceptable): **1313 POINTE DE LEON**
 Suite, Apt. #, Etc.: **SUITE 201**
 City: **CORAL GABLES** State: **FL** Zip Code: **33143**

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. or 617.0505, F.S.

Signature of Registered Agent: *[Signature]*
SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date: **10/28/02**

11. 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **10-28-02** Daytime Phone #: **(305) 270-1901**

CR2E040 (8/02)