

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 AUG 10 PM 12:31

DOCUMENT# P94000014510

1. Corporation Name
 KUPER & KUPER INTERNATIONAL INC

Principal Place of Business Mailing Address
 10648 AVENIDA SANTA ANA
 BOCA RATON FL 33498

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable SAME AS ABOVE		3. New Mailing Office Address, If Applicable SAME AS ABOVE		4. Date Incorporated or Qualified To Do Business in Florida FEB 22 - 1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0469200	
City & State		City & State		Applied For Not Applicable	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRESIDENT	MARGIE KUPER	10648 AVENIDA SANTA ANA	BOCA RATON FL 33498
VICE PRESIDENT	ASHER KUPER	10648 AVENIDA SANTA ANA	BOCA RATON FL 33498

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 ****300.00 ****300.00

Margie

8. Name and Address of Current Registered Agent LLOYD ROUTMAN 100 NE 84TH ST MIAMI FL 33138		9. Name and Address of New Registered Agent Name ASHER KUPER Street Address (P.O. Box Number is Not Acceptable) 10648 AVENIDA SANTA ANA Suite, Apt. #, Etc. City BOCA RATON State FL Zip Code 33498	
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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 Asher Kuper Date _____
 REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes 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: Asher Kuper VICE PRESIDENT 7/9/99 561-4837458
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 ASHER KUPER

CR2E081 (12/98)