PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS		FILED			
DOCUMENT #P9400089976				97 DEC - 1 PH 1:58			
1. Corporation Name							
JKH RETAIL GROUP, INC.				SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Malling Address Principal Place of Business				1			
412 N.E. 4th Street 412 N.E. 4th Street Ft. Lauderdale, FL 33301 If above addresses are incorrect in any way, line through incorrect information and enter correction below.				REINSTATEMENT95-97			
	addresses are incorrect in any way, line t iling Address, If Applicable		3. New Principal Office Address, If Applicable		4. Date Incorporated or Qualified		
Suite, Apt.	#. etc.	Suite, Apt #, etc.		To Do Business in Florida			
	7,000			12/12/94			
City & Stat	Δ	City & State		5. FEI Number X Applied For Not Applicable			
3.7.2.3.3.3							
Zip	Country	Zip	Country	6. CERTIFICATE OF	STATUS DESIRED	88.75 Additional Fee required for a Cartificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)							
Title(s)	Name of Officers and/or Directors					City/State/Zip	
1	2 3 (Do NOT Use Post Office B		fice Box Numbers)	 	4		
D/P/ S/T				Ft. Lauderdale, FL 33301			

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				***1080.00 ***1080.00			
<u> </u>	<u> </u>						
	8. Name and Address of Curre	9. Name and Address of New Registered Agent					
412 N.	h G. Stevens E. 4th Street uderdale, Florida 33	Name					
		Street Address (P.O. Box Number is Not Acceptable)					
			Suite, Apt. #, Etc.				
		City	State Zip Codo				
10. I, being	appointed the registered agent of the ab	ove named corporation, am familiar with	and accept the ob	oligations of Sect	tion 607.0505 F.S.		
Signature of Registered Agent Date 1/-16-97 REGISTERED AGENT MUST SIGN							
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box additional information)							
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No X							
Dept. of Revenue under S. 199.032, Florida Statutes. Yes No S. 13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation—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: SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylims Phone #							