


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 NOV -1 PM 3:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000036236

1. Corporation Name

Kings Point Resales & Rentals, Inc.

7146 Nob Hill Road

2. Principal Office Address

3. Mailing Office Address

7146 Nob Hill Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tamarac, Florida

City & State

Tanarac, Florida

Zip

33321

Country

USA

Zip

33321

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida 5/4/95

5. FEI Number  
650649721

Applied For

Not Applicable

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

REINSTATEMENT 2004

7. Name and Address of Current Registered Agent

Name

Alan Oshins

Street Address (P.O. Box Number is Not Acceptable)

7146 Nob Hill Road

Suite, Apt. #, Etc.

City

Tamarac

State

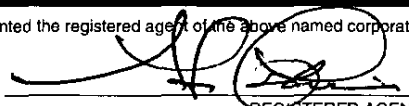
FL

Zip Code

33321

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

10/27/04

REGISTERED AGENT MUST SIGN

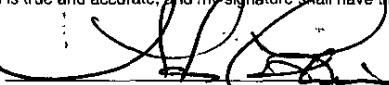
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Alan Oshins	7146 Nob Hill Road	Tamarac, Florida 33321
D	Roni Oshins	7146 Nob Hill Road	Tamarac, Florida 33321

100042362601  
11/01/04--01066--016 \*\*750.00

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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/27/04

954-722-4111

Daytime Phone #

CR2E001 (01/04)