

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

RECORDED  
AND  
FILED


02 MAR 28 AM 11:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300005183603--6  
-04/02/02--01055--032  
\*\*\*1350.00 \*\*\*1350.00

REINSTATEMENT 1998-2002

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000017811

1. Corporation Name  
**KENSINGTON MANAGEMENT, INC.**

2. Principal Office Address <b>1122 NE 4th STREET</b>		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>FORT LAUDERDALE, FL</b>		City & State	
Zip <b>33301</b>	Country <b>U.S.A.</b>	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	<b>02/27/1996</b>
5. FEI Number <b>650643704</b>	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name <b>Corporation Service Company</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>1201 HAYS STREET</b>	
Suite, Apt. #, Etc.	
City <b>TALLAHASSEE</b>	State <b>FL</b>
	Zip Code <b>32301</b>

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 **Brian Courtne** Date **3-28-02**  
**Asst. V. Pres.**  
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
Pres.	<b>JOEL STEINGER</b>	<b>1122 NE 4th STREET</b>	<b>FORT LAUDERDALE, FL 33301</b>

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: **JOEL STEINGER** Date **(954) 523-1180**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #



ACCOUNT NO. : 072100000032  
 REFERENCE : 500370 3378A  
 AUTHORIZATION :  
 COST LIMIT : \$ PPD

ORDER DATE : March 28, 2002  
 ORDER TIME : 10:34 AM  
 ORDER NO. : 500370-005  
 CUSTOMER NO: 3378A  
 CUSTOMER: Sharon Mcguire, Legal Asst  
 Brinkley Mcnerney Morgan  
 Suite 1900  
 200 E. Las Olas Boulevard  
 Fort Lauderdale, FL 33301

DOMESTIC FILINGS

NAME: KENSINGTON MANAGEMENT, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight EX 1156  
 EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
 02 MAR 28 AM 11:22  
 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FL 32310