

APPLICATION FOR REINSTATEMENT FOR 07-99 AR

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

DO NOT WRITE IN THIS SPACE

FILED

99 JUN 26 11:10:18

Read Instructions on Other Side Before Making Entries
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # P96000054540

1166 Kane Concourse Inc.,
1166 Kane Concourse
Bay Harbor Islands
Florida, 33154

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address
Address
City and State
Zip Code

W99-12041

3. Date Incorporated or Qualified To Do Business in Florida 06/25/1996

4. FEI Number 65-0685128

FEI Number Applied For
 FEI Number Not Applicable

5. Names and Street Addresses of Each Officer and/or Director

1 Title	2 Names of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City and State
D	Klepach Bernard	1166 Kane Concourse	Bay Harbor Islands Fl. 33154
D	Klepach Esther	1166 Kane Concourse	Bay Harbor Islands Fl. 33154
			900002940629--6 07/23/99 01094-028 ****600.00 ****600.00
			97-99

This corporation has liability for intangible tax under section 199.032, Florida Statutes. Yes No
For intangible tax information call Department of Revenue 904-488-6800.

REGISTERED AGENT INFORMATION:

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Manuel Zaiac, Attorney 100 SE 2nd St #2350 Miami, Fl 33131	Name Street Address (Do NOT Use P.O. Box Number.) 900002940629--6 Street Address (Do NOT Use P.O. Box Number.) 07/23/99-01094-028 ****450.00 ****450.00 City and State FL Zip Code

8. 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 Manuel Zaiac Date 4/27/99
REGISTERED AGENT MUST SIGN

9. 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., 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 of Officer or Director [Signature] Date 4/28/99 Phone # _____

Typed or printed name of signing officer or director _____

10. Should you desire a certificate of status check the box _____

CERTIFICATE OF STATUS DESIRED _____

Additional Fee _____