

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


03 DEC -5 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300023752903
12/05/03--01040--006 **158.75

300023752903
10/13/03--01078--008 **750.00

REINSTATEMENT 03

CORPORATION REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000054540 1. Corporation Name .1166 KANE CONCOURSE INC W03000029844			
2. Principal Office Address 1166 KANE CONCOURSE Suite, Apt. #, etc.		3. Mailing Office Address 3939 NW 25TH STREET Suite, Apt. #, etc.	
City & State BAY HARBOR ISLANDS, FL		City & State MIAMI, FL	
Zip 33154	Country USA	Zip 33142	Country USA

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 65-0685128	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name MANUEL ZAIAC			
Street Address (P.O. Box Number is Not Acceptable) 100 SE 2ND STREET			
Suite, Apt. #, Etc. 2350			
City MIAMI	State FL	Zip Code 33131	

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 *Manuel Zaiac* Date 10/6/03
 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
DIR	BERNARD KLEPACH	1166 KANE CONCOURSE 3RD FL	BAY HARBOR ISLAND FL 33154
DIR	ESTHER KLEPACH	1166 KANE CONCOURSE 3RD FL	BAY HARBOR ISLAND FL 33154

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: *Manuel Zaiac* Date 10/08/2003 Daytime Phone # 305-864-5788
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)