

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL 20 PM 2:20

DOCUMENT # P97 0000 60722

1. Corporation Name  
KENDALL GARDENS DEVELOPMENT INC.

2. Principal Office Address  
105 NURMI DRIVE  
Suite, Apt. #, etc.

3. Mailing Office Address  
105 NURMI DRIVE  
Suite, Apt. #, etc.

City & State  
FT. LAUDERDALE, FL

City & State  
FT. LAUDERDALE, FL

Zip Country  
33301 USA

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33301 USA

**REINSTATEMENT** 99-00

4. Date Incorporated or Qualified To Do Business in Florida 7/14/97

5. FEI Number 65-0768662 Applied For  Not Applicable

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

**7. Name and Address of Current Registered Agent**

Name HENRY WEISS 600003342966-7  
Street Address (P.O. Box Number is Not Acceptable) 105 NURMI DRIVE 00/02/00 01002 013  
Suite, Apt. #, Etc. \*\*\*\*908.75 \*\*\*\*908.75  
City FT. LAUDERDALE State FL Zip Code 33301

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 Henry Weiss Date 7/18/00  
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
<u>Pres</u>	<u>HENRY WEISS</u>	<u>105 NURMI DRIVE</u>	<u>FT LAUDERDALE, FL 33301</u>
<u>Secy</u>	<u>CAROL WEISS</u>	<u>105 NURMI DRIVE</u>	<u>FT. LAUDERDALE, FL 33301</u>

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 Carol Weiss See Carol Weiss 7/18/00 954-525-3220  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/99)