

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1

APPLICATION FOR REINSTATEMENT OF FLORIDA DEPARTMENT OF STATE
 Katherine Flannery
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

99 JUL -1 PH12:57

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P97000071493

1 Corporation Name
 KALANCHIS, INC.

400002936264--3
 -07/20/99--01054--004
 ****300.00 ****300.00

Principal Place of Business Mailing Address
 19355 TURNBERRY WAY, #2E 19355 TURNBERRY WAY, #2E
 AVENTURA, FLORIDA 33180 AVENTURA, FLORIDA 33180

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2 New Principal Office Address, If Applicable		3 New Mailing Office Address, If Applicable		4 Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt #, etc		JAMES V. ALBO 2020 N.E. 163rd ST, #300		8/18/97	
City & State		NORTH MIAMI BEACH, FL 33162		5 FEI Number	
Zip		Country		65-0781238	
				Applied For	
				Not Applicable	
				6 CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$8.75 Additional Fee required for a Certificate of Status	

7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City, State, Zip
D	MASLIAH, SAMUEL ALBERTO	19355 TURNBERRY WAY, #2E	AVENTURA, FL 33180

LS

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
JAMES V. ALBO 2020 N.E. 163rd STREET, #300 NORTH MIAMI BEACH, FLORIDA 33162		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc City State FL Zip Code	

10 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 _____ Date _____
 REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.)

12 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:  P.O.A. 5/17/99 (305) 944-9100
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 JAMES V. ALBO

2

April 28, 1998

Department of State
Division of Corporations
Tallahassee, Florida

Re: KALANCHIS, INC.
REINSTATEMENT FOR 1998 & 1999

To Whom it May Concern:

Please be advised that I have never received any correspondence from your office regarding Kalanchis, Inc. since the corporation was formed.


Furthermore, note that I have appointed JAMES V. ALBO, attorney-in-fact to execute any documents necessary to reinstate said corporation.

Finally, please send all future correspondence to my attorney, JAMES V. ALBO, ESQ. 2020 N.E. 163rd Street, North Miami Beach, Florida 33162.

Thank you for your attention to this matter.

Sincerely,

ALBERTO MASLIAH, President for Kalanchis



1