

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10FZ



FLORIDA DEPARTMENT OF STATE
GATHERS PARSONS
SECRETARY OF STATE
DIVISION OF CORPORATIONS

FILED

00 MAY -4 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000046756

1. Corporation Name

KESHET INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

~~1300 NORTHWEST 167TH STREET
MIAMI FL 33169~~

~~1300 NORTHWEST 167TH STREET
MIAMI FL 33169~~



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

2. New Principal Office Address, If Applicable

~~600 N. Birch Road~~

Suite, Apt. #, etc.

~~# 403~~

City & State

~~H. Lauderdale FL~~

Zip

~~33304~~

Country

~~USA~~

3. New Mailing Office Address, If Applicable

~~600 N. Birch Rd.~~

Suite, Apt. #, etc.

~~# 403~~

City & State

~~H. Lauderdale FL~~

Zip

~~33304~~

Country

~~USA~~

4. Date Incorporated or Qualified To Do Business in Florida

05/26/1998

5. FEI Number

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$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	4 City / State / Zip
D	MORGAN, CHARLES O JR	1300 NORTHWEST 167TH STREET	MIAMI FL 33169
P, D	TCHIVIDJIAN, ANGHEL	4131 NW 99 AVENUE	CORAL SPRINGS FL
V, D	TCHIVIDJIAN, EMMANUEL	82 STOW ROAD	BOSTON MA 14519
			900003263979--2 -05/23/00--01105--005 ***150.00 ***150.00
			900003263979--2 -05/23/00--01105--006 ***150.00 ***150.00

8. Name and Address of Current Registered Agent

MORGAN, CHARLES O JR
1300 NORTHWEST 167TH STREET
MIAMI FL 33169

9. Name and Address of New Registered Agent

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

SIGNATURE REQUIRED

Date 3-10-00

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KE
Signature: [Signature]
Date: 2/22/00
Daytime Phone #: 954-564-8095

CR21.040 (8/98)

April 25, 2000

State Of Florida
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Gentlemen:

Thank you for your directions to me regarding reinstatement of this corporation. As you have directed, I have enclosed a total of \$300: \$150 for 1999 and \$150 for 2000.

I am requesting that the \$600 reinstatement fee be waived because we never received the uniform business report for either year due to address changes. This is our third address change in a year.

Thank you for your consideration of this matter.

Very truly yours,



Anghel Tchividjian, President