

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P99000027996

1. Corporation Name

KADEB - II OF MIAMI, INC.

FILED

04 MAY -6 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4000355444
05/06/04--01016--020 **1358.75

REINSTATEMENT 00-04

2. Principal Office Address

c/o R1S, 201 S. Biscayne Blvd.

3. Mailing Office Address

c/o R1S, 201 S. Biscayne Blvd.

Suite, Apt., etc.

Suite 1300

Suite, Apt., etc.

Suite 1500

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33131

Country

USA

Zip

33131

Country

USA

4. Date incorporated or Qualified

To Do Business in Florida 03/22/99

5. FBI Number

65-0907650

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
CORPORATION COMPANY OF MIAMI

Street Address (P.O. Box Number is Not Acceptable)
201 South Biscayne Boulevard

Suite, Apt., etc.
Suite 1500

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

CORPORATION COMPANY OF MIAMI

By: *David Kahn*
VICE PRESIDENT REGISTERED AGENT MUST SIGN

Date 4-30-04

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
DPT	Sandra Kahn	20 Melrose Court	San Mateo, CA 94402
DVS	David Kahn	21150 Point Place, Unit 3006	Aventura, FL 33180

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)(f), 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:

David Kahn

David Kahn, Vice President

512.426.5136

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CREATED (10/04)