

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 MAY -1 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P99000107819

1. Corporation Name

KENCO COMMUNITIES AT PLAYA RIENTA, INC.

2. Principal Office Address

1000 Clint Moore Road

Suite, Apt. #, etc.
Suite 110

City & State

Boca Raton, FL

Zip
33487

Country
USA

3. Mailing Office Address

1000 Clint Moore Road

Suite, Apt. #, etc.
Suite 110

City & State

Boca Raton, FL

Zip
33487

Country
USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/14/1999

5. FEI Number

65-0973461

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

Judy MATTHEWS-GRAY

Street Address (P.O. Box Number is Not Acceptable)

1000 CLINT MOORE ROAD

Suite, Apt. #, Etc.

SUITE 110

City

BOCA RATON

State
FL

Zip Code
33487

REINSTATEMENT

06/03/02
aw
de

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

Judy Matthews Gray
REGISTERED AGENT MUST SIGN

Date 4/29/02

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
P/S/D	Richard Finkelstein	1000 Clint Moore Rd., Ste 110	Boca Raton, FL 33487
V/I/D	Kenneth M. Endelson	1000 Clint Moore Rd., Ste. 110	Boca Raton, FL 33487
D	Judy Matthews-Gray	1000 Clint Moore Rd, Ste 110	Boca Raton, FL 33487

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:

Judy Matthews Gray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUDY MATTHEWS-GRAY

Date

4/29/02

Daytime Phone #

561-997-5760

CR2E081 (9/99)