


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p>APPLICATION FOR REINSTATEMENT</p>		<p>FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS</p>	<p>FILED 95 AUG 11 AM 3:28 STATE OF FLORIDA</p>
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DOCUMENT # P96000054414

1. Corporation Name
KING COMMUNICATIONS & SERVICES, INC.

<p>Mailing Address 2727 Bay Shore Drive Naples Florida 33962</p>	<p>Principal Place of Business 2727 Bay Shore Drive Naples Florida 33962</p>
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REINSTATEMENT 93-99

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified To Do Business in Florida **06/24/1996**

5. FEI Number **65-0677571** Applied For Not Applicable

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

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

2. New Mailing Address, If Applicable		3. New Principal Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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
DP	MARTINEZ, MARIA J.	2727 Bay Shore Drive	Naples Florida 33962
DVP	DELGADO, DANIEL R.	2727 Bay Shore Drive	Naples Florida 33962

<p>8. Name and Address of Current Registered Agent</p> <p>MARTINEZ, MARIA J. 2727 Bay Shore Drive Naples Florida 33962</p>	<p>9. Name and Address of New Registered Agent</p> <p>Name _____</p> <p>Street Address (P.O. Box Number is Not Acceptable) _____</p> <p>Suite, Apt. #, Etc. _____</p> <p>City _____ State FL Zip Code _____</p>
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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 Maria Julia Martine Date **8/10/1999**
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Maria Julia Martine 8/10/1999 (941) 793-7460

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (6/94)