

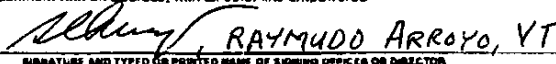


2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 DEC -6 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 355874			
1. Entity Name KGI INC			
Principal Place of Business 1375 LOCUST ST #218 WALNUT CREEK, CA 94596 US		Mailing Address 1375 LOCUST ST STE #218 WALNUT CREEK, CA 94596 US	
2. Principal Place of Business		2. Mailing Address	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country
3. Name and Address of Current Registered Agent PHILLIPS, SYLVIA 423 GIRALDA AVE CORAL GABLES, FL 33134		4. FEI Number 59-1279272	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
		Name Business Filings Incorporated	
		Street Address (P.O. Box Number is Not Acceptable) 1203 Governors Square Blvd Ste 101	
		City Tallahassee, FL	
		Zip Code 32301-2910	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE 12/4/06	
SIGNATURE Nikki McCaffer		DATE 12/4/06	
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00		In accordance with a 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PS	NAME KAPLAN, EVELYN	TITLE VT	NAME Raymundo Arroyo
STREET ADDRESS 51 CAMINO DON MIGUEL	CITY- ST- ZIP ORINDA, CA	STREET ADDRESS 1375 Locust St. Ste 218	CITY- ST- ZIP WALNUT CREEK, CA 94596
TITLE VT	NAME DAVIS, SUSAN	TITLE Change	NAME 70008232861
STREET ADDRESS 2081 SW 133RD AVE.	CITY- ST- ZIP MIRAMAR, FL 33027	STREET ADDRESS 12/06/06--01039--021	CITY- ST- ZIP **150.00
TITLE Change	NAME REINSTATEMENT	TITLE Change	NAME de
TITLE Change	NAME	TITLE Change	NAME
TITLE Change	NAME	TITLE Change	NAME
TITLE Change	NAME	TITLE Change	NAME
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the Corporation or the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		DATE 12/04/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR RAYMUNDO ARROYO, VT		DATE 12/04/06	
		DEPT. PHONE # 905-932-6795	

Handwritten: 12/7