
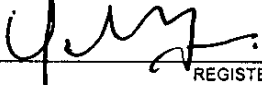
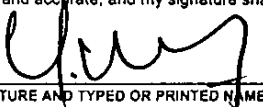


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<div style="display: flex; align-items: center; justify-content: center;"><div style="text-align: center;"><p>CORPORATION REINSTATEMENT 2007 ANNUAL REPORT</p></div><div style="margin-left: 20px;"><p>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</p></div></div>		<p>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 07 FEB 22 AM 11:42</p>	
<p>DOCUMENT # 725323</p> <p>1. Corporation Name THE KING-CONDOMINIUM ASSOCIATION, INC.</p>			
<p>2. Principal Office Address 101 S.W 9th St</p>		<p>3. Mailing Office Address 4445 W 16 Ave</p>	
<p>Suite, Apt. #, etc. 3-A</p>		<p>Suite, Apt. #, etc. # 308</p>	
<p>City & State MIAMI, FL</p>		<p>City & State HIALEAH, FL.</p>	
<p>Zip 33130</p>	<p>Country DADE</p>	<p>Zip 33012</p>	<p>Country DADE</p>
		<p>4. Date Incorporated or Qualified To Do Business in Florida</p>	
		<p>5. FEI Number 65-0122144</p>	
		<p>6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</p>	
<p>7. Name and Address of Current Registered Agent</p>			
<p>Name OSCAR J. MARTINEZ</p>			
<p>Street Address (P.O. Box Number is Not Acceptable) 101 S.W 9th St</p>			
<p>Suite, Apt. #, Etc. # 3-A</p>			
<p>City MIAMI</p>		<p>State FL</p>	<p>Zip Code 33130</p>
<p>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.</p>			
<p>Signature of Registered Agent </p>		<p>Date 2/12/07</p>	
<p>REGISTERED AGENT MUST SIGN</p>			
<p>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p>			
<p>Titles</p>	<p>Name of Officers and/or Directors</p>	<p>Street Address of Each Officer and/or Director</p>	<p>City / State / Zip</p>
<p>P</p>	<p>MARTINEZ, OSCAP J.</p>	<p>101 S.W 9th St # 3-A</p>	<p>MIAMI FL 33130</p>
<p>T</p>	<p>BODE, BERTHA</p>	<p>101 S.W 9th St # 3-C</p>	<p>MIAMI, FL. 33130</p>
<p>S</p>	<p>CONZALEZ; POSA</p>	<p>101 S.W 9th St # 4-A</p>	<p>Miami, Fl. 33130</p>
<p>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.</p>			
<p>SIGNATURE: </p>		<p>Date 2/12/07</p>	<p>Daytime Phone # (186) 285-7560</p>
<p>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</p>		<p>Date</p>	<p>Daytime Phone #</p>