04/19/4010 305-505-3145 Date Daytime Phone #

PLEASE READ ALL INSTRUCTIONS REFORE COMPLETING THIS FORMA (III) 3: 52

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|--|------------------------|---|-----------------------------------|--|--|
| CORPORATION REINSTATEMENT | FLORIDA | A DEPARTMENT OF S Secretary of State vision of corporations | | MELAHASSEE. FLO | |
| DOCUMENT # NO8000003709 1. Corporation Name Kinshasa Taylor Foundation, Inc. A Not-For- Profit Corporation | | | | INSTATEMENT | |
| 2. Principal Office Address - No P.O. 1763 NW 74+L Suite, Apt. #, etc. | Street 19k3 | 3. Malling Office Address 1763 NW 74+ Street Suite, Apt. #, etc. | | 300180988453 05/17/1001060023 **122.50 CR2E081 (11/09) | |
| N/A | N, | N/A | | rporated or Qualified April 10, 2008 | |
| City & State Miami, FL. | [.*. | City & State Miami, FL | | Applied For Not Applicable | |
| Zip Country 33147 USA | 33147 | Country USA | 6. | TE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status | |
| 7. Name and Address of Current Registered Agent Name Talluich T. J. hnson Street Address (P.O. Box Number is Not Acceptable) 1763 NW 74th Street Suite, Apt. #, Etc. City Miami State Zip Code 33147 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the consequence of Registered Agent Manual Comments of Registered Agent | | | circun the pr are c receiv fee be | The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. 3001233333355000000000000000000000000000 | |
| 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) | | | | | |
| Titles Officers at | ame of ad/or Directors | Street Addre Officer and/ | ss of Each or Director | Clty / State / Zip | |
| P Tallxlah T. Johnsol 1763 N.W. 74"St. V Kathryn H. Hupburn 1340 NW 95 Street | | | | Miami, Florida 33147 | |
| 3 Jameica T | | 1428 NW51 | | Miami, Florida 33149 Miami, Florida 33142 | |
| | Tilbert | 2778 NW. L | | Opa Locka, Florida 33054 | |
| T Belinda Br | | 3920 S.W.59 | | Hollywood, Florida 33023 | |
| 10. E-mail Address: Kt foundation@bellsouth, net | | | | | |
| (To be used for future annual report notification) 11. 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 filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 817.0401, F.S., that all fees owed by the corporation have been paid. I further certify, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:_