


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS		APPROVED AND FILED 97 JAN 22 AM 11:30 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # 490717 1. Corporation Name K S Z, Inc.		Mailing Address c/o Semet, Lickstein et al 201 Alhambra Circle Suite 1200 Coral Gables, FL 33134		Principal Place of Business 3841 Griffin Road Ft. Lauderdale, FL	
2. New Mailing Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida 12/24/75 5. FEI Number 59-1637309 Applied For <input type="checkbox"/> Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
1	2	3	4		
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
P/S/D	David Kleiman	3841 Griffin Road	Ft. Lauderdale, FL		
				REINSTATEMENT 94-97 <i>G. Alan</i> 1/20/97	
8. Name and Address of Current Registered Agent Marshall Samler 13575 Biscayne Blvd. North Miami Beach, FL 33181			9. Name and Address of New Registered Agent Name Fred K. Lickstein c/o Semet, Lickstein et al Street Address (P.O. Box Number is Not Acceptable) 201 Alhambra Circle Suite, Apt. #, Etc. Suite 1200 City Coral Gables State FL Zip Code 33134		
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 <i>Fred K. Lickstein</i> Date January 17, 1997 Fred K. Lickstein 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 <input type="checkbox"/> (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 <input type="checkbox"/> No <input checked="" type="checkbox"/> (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: <i>David Kleiman, President</i> 1/20/97 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E040 (6/94)