


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 FEB 22 AM 11:42

CORPORATION  
~~REINSTATEMENT~~  
2007 ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 725323

1. Corporation Name  
THE KING-<sup>A</sup>CONDOMINIUM ASSOCIATION, INC.

300089291813  
02/27/07--01006--006 \*\*61.25

2. Principal Office Address 101 S.W 9th St		3. Mailing Office Address 4445 W 16 Ave	
Suite, Apt. #, etc. 3-A		Suite, Apt. #, etc. # 308	
City & State MIAMI, FL		City & State HIALEAH, FL.	
Zip 33130	Country DADE	Zip 33012	Country DADE

CR2E081 (8/05)

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 65-0122144

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

7. Name and Address of Current Registered Agent

Name  
OSCAR J. MARTINEZ

Street Address (P.O. Box Number is Not Acceptable)  
101 S.W 9th St

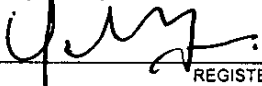
Suite, Apt. #, Etc.  
# 3-A

City  
MIAMI

State  
FL

Zip Code  
33130

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.

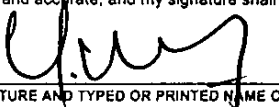
Signature of Registered Agent:  REGISTERED AGENT MUST SIGN

Date 2/12/07

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	MARTINEZ, OSCAP J.	101 S.W 9th St # 3-A	MIAMI FL 33130
T	BODE, BERTHA	101 S.W 9th St # 3-C	MIAMI, FL. 33130
S	CONZALEZ; POSA	101 S.W 9th St # 4-A	Miami, Fl. 33130

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.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2/12/07 (186)285-7560

Date Daytime Phone #