PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 12 AUG -8 AM 8:53	
DOCUMENT #744321 1. Corporation Name KinnERLY GARDEN APARTMENTS CONDOMINION, INC.			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
CONDOMINION, INC.				
2. Principal Office Address - No. 1.0. Box # 2. D. Ho. J. V. A. V. & V. L. V. S. J. Suite, Apt. #, etc.	DHOWNER BUREN 91 20 40 NAN BUREN SI.		REINSTATE 11/10) 4. Date Incorporated or Qualified To Do Business in Florida Or 1/9/19	
City & State If LLY WUOD , FL	O, FL HOLLY WOOD, FC		5. FEI Number Applied For Not Applied be Not Applied For	
33020 Country US	Zip 33020 Country	6	E OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent				
Name W. PFIFA BERG Street Address (P.O. Box Number is Not Acceptable) 1505 T.41ER ST.			200213521642 10720/11-01039-001 **236.35	
Suite, Apt. #, Etc.			200213521642	
State State FL 33020			200213521642 08/08/1201029002 **61.25	
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 REGISTARED REPORT MUST SIGN				
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 Eac Officer and/or Direct		City / State / Zip	
SPD WOLGANG P. F	D WOLGANG P. BERG 1505 TYLER		ifollyward it 33020	
TS WILFGAN & P. BIERG, 1505 TYLIER		<u>ST.</u>	Itally woo, FZ 33020	
V RUSINA HEPSWORTH 2240 UND BUA		1EN 37	Holywood FE 33600	
			AUG 0 9 2012	
10 S and Address			T. SCOTT	
10. E-mail Address: (To be used for future annual report notification)				
1. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in charge 607 or 617. F.S. I further certify that when filing this reinstatement application, the reation 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 peid. I just her certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under cath. I am awate that false information submitted in a document to the Department of State constitutes a third degree in low samplevided for in 8.817.155, F.S. SIGNATURE: Dayline Phone #				