PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.				
1	RPORATION STATEMENT	Secreta	RTMENT OF STATE ary of State CORPORATIONS	FILED  03 OCT 15 AM 9: 34  SECRETARY OF STATE TALLAFIASSEE FLORIDA
DOCUMENT # F01000003690  1. Corporation Name				ALLACIA DE LOCIDA
King's Research Inc.				
				REINSTATEMENT 82
2. Principal Office Address 3. Mailing			ress	2 4620 0 40 4 4 4 4 4 4 5 5 5 5 5 5 5 5 5 5 5
2210 W	ILHELMINA COURT NE	P0 Box 2278		
Suite, Apt. #, etc. Suite, Apt. #				
Э,				4. Date Incorporated or Qualified To Do Business in Florida 07-11-01
City & State City & State				5. FEI Number Applied For
		MORGANTON N	Country	56-2197476   Not Applicable
32905	USA	28680	USA	CERTIFICATE OF STATUS DESIRED STATUS DESIRED CONTROL OF STATUS DESIRED
7. Name and Address of Current Registered Agent				
	Name			
a	ALERED A. NUTTALL Street Address (P.O. Box Number is Not Acceptable)			300023821973
: *	Street Address (P.O. Box Number is Not Acceptable) 2210 WILHELMINA COURT NE			3000238219 <b>7</b> 3 10/15/0301060028 ** <b>368.7</b> 5
ے ۔	Suite, Apt. #, Etc.			Į.
	PALM BAY			State Zip Code FL 32905
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 Agent REGISTERED AGENT MUST SIGN  REGISTERED AGENT 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 Street Address of Each			
Titles			Officer and/or Director	
CEO	Robert Moor	L R	ue Barbes	92305 Levallois Perrei Ceckey
VP/D	Arnaud_Moor		<u></u>	11
SEC/D	Benedicte Moor		11	
TRED MARYAN KERHUEL			11	ıı
,				[
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 filling 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: ROBERT MOOR, CEO 10 13 03 8284378611				
	SIGNATURE AND TYPED OR PRI	NTED NAME AT SIGNING O	FMCER OR DIRECTOR	Date Daytime Phone #



October 14, 2003

Department of State Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

RE: King's Research Inc.

FEI No. 56-2197476

To Whom It May Concern:

Attached is a completed and updated Corporation Reinstatement form for King's Research Inc. and a check in the amount of \$300.00.

We kindly ask that the late fees be waived as the Company has never received further documentation or notices from your office from initial qualification to do business in Florida.

If you have additional questions, please contact my office at 828-437-8611. Thank you for your assistance in this matter.

Sincerely,

-Jo Ann Miller Controller