PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION Sandra B. Mortham FOR FILED Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS F96000003481 98 MAY 12 PM 1:46 DOCUMENT # 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA KIC HOLDINGS, INC. 2 pages Principal Place of Business Mailing Address % AMPARTS % AMPARTS 307 MARKET ST 307 MARKET ST LAREDO TX 78040 LAREDO TX 78040 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 07/08/1996 Sulte, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 91-1708746 City & State City & State Not Applicable \$8.75 Additional Fee required Country Country CERTIFICATE OF STATUS DESIRED for a Certificate of Status 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Name of Officers Titie(s) Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip PC HATTON, GREGORY R 4109 FRUIT VALLEY RD **VANCOUVER WA 98660** ۷Ď KUZMER, G P 4109 FRUIT VALLEY RD VANCOUVER WA 98660 SD DUEMICHEN, RODOLFO A 307 MARKET ST **LAREDO TX 78040** GONZALEZ, GERARDO N 307 MARKET ST LAREDO TX 78040 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent GONZALEZ, GERARDO N Street Address (P.O. Box Number 101012524373--05/15/98--01003--002 6168 NW 74TH AVE **MIAMI FL 33166** Suite, Apt. #, Etc. ****315.00 ****315.00 State | Zip Code City 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 _ Land N G STERNO AGENT MUST SIGN 11. This corporation owes or has paid the current year (See other side for information Yes X No l Intangible Personal Property tax due June 30. on intangible tax.) 12. 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:

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SIGNATURE AND TYPED OR PRINCED A ME OF SQUING OFFICER OR DIRECTOR

5/4/98 9567273933



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Department of State Division of Corporations PO Box 6327 Tallahassee, FI 32314

To whom it may concern:

As discussed with your office, enclosed is the reinstatement fee for KIC Holdings, Inc. (Document # F96000003481). We did not receive the original annual report and thus did not file. Please reinstate us as soon as possible and confirm our active status.

Sincerely,

Gerardo N. Gonzalez,

Treasurer