## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 10 MAR 12 AM 7: 23
DOCUMENT # 5766 1. Corporation Name KMD Realty In	,	10 MAR 12 AU 120 SECRETARY OF STATE MALANASSEE, FLORIDA 700171034447 03/02/1001041002 **758.75
2. Principal Office Address - No P.O. Box# 3717 S. Divie Hwy Ste	W/0000/06/5	700171034447 03/08/1001083008 **150.00 CR2E081 (11/09)
Suite, Apt. #, etc. Suite B	Suite, Apt. #, etc.	Date Incorporated or Qualified     To Do Business in Florida
City & State West Palm Beach	City & State	5. FEI Number  5. Applied For  Not Applied For  Not Applicable
33405 Country USA	Zip Country	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
Name  Name  Name  VICT  UCOVNA  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City		The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.
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		
9. Names and Street Addresses of Each Officer and	d/or Director (Florida nonprofit corporations must list at lea	ast 3 directors)
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
amer Kurt Ducolna	3717 S. Dixie Hwy	West Palm Beach, Fl. 33405
REINSTATI	EMENT RH	
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10. E-mail Address: (To be used for future annual report notification)		
11. 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. I further certify, 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  Date  Date		