

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR 95-96  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

AND  
FILED

JAN -2 AM 9:15

DOCUMENT # J 88243

1 Corporation Name  
KENDALL AIRPORT CENTER, INC

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
12300 S.W. 132<sup>ND</sup> COURT  
MIAMI, FLORIDA 33186 SAME

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, if Applicable		3. New Mailing Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida 8/19/87	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0015333	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

\$8.75 Additional Fee required 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES D	JEREMY SHAPIRO	12300 S.W. 132 COURT	MIAMI, FLORIDA 33186
V. PRES D	MARTIN GADINSKY	10220 S.W. 87 STREET	MIAMI, FLORIDA
SECY D	BRIAN SHAPIRO	12300 S.W. 132 COURT	MIAMI, FLORIDA 33186

REINSTATEMENT 1995-1996  
G. Alan  
12/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JEREMY SHAPIRO  
12300 S.W. 132<sup>ND</sup> COURT  
MIAMI, FLORIDA 33186

Name  
Street Address (P.O. Box Number is Not Acceptable)  
100002047871--4  
Suite, Apt. #, Etc.  
01/07/97-01072-004  
\*\*\*\$75.00 \*\*\*\$75.00  
City State Zip Code  
FL

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

12/24/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

NO TAXABLE ASSETS

12 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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

JEREMY SHAPIRO

12/24/97

305-238-1033

Date

Daytime Phone #

CR2E040 (12/95)