
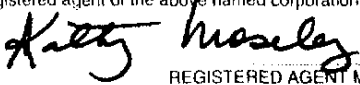



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		<div style="text-align: center; font-size: 1.5em; font-weight: bold;">FILED</div> <div style="text-align: center;">97 JAN 21 AM 7:30</div> <div style="text-align: center;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
DOCUMENT # K32560 1. Corporation Name KAS PROPERTIES OF MIAMI, INC		<div style="font-size: 2em; font-weight: bold;">REINSTATEMENT</div> <div style="font-size: 1.5em;">96</div> <div style="font-size: 1.2em;">MWB 1/23/97</div> <div style="font-size: 0.8em;">DO NOT WRITE IN THIS SPACE</div>			
Principal Place of Business Mailing Address <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 7805 SW 179 TER MIAMI, FL 33157 </div> <div style="width: 45%;"> 7805 SW 179 TER MIAMI, FL 33157 </div> </div>					
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida 09/08/1988 5. FEI Number 98-0099950 6. CERTIFICATE OF STATUS DESIRED <input checked="" 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)					
Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4		
VT	STEVEN R. AKERS	7805 SW 179 TER	MIAMI, FL 33157		
PS	KATHY MOSELEY	7805 SW 179 TER	MIAMI, FL 33157		
				<div style="font-size: 1.2em;">400002067374--1</div> <div style="font-size: 1.2em;">-01/24/97--01030--004</div> <div style="font-size: 1.2em;">****392.50 ****392.50</div>	
8. Name and Address of Current Registered Agent CATHERINE IACONIS FRUITTA 2612 NE 3rd Street Pompano Beach, FL 33062			9. Name and Address of New Registered Agent <div style="border: 1px solid black; padding: 5px;"> Name KATHY MOSELEY Street Address (P.O. Box Number is Not Acceptable) 7805 SW 179 TER Suite, Apt. #, Etc. MIAMI City State Zip Code MIAMI FL 33157 </div>		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> Signature of Registered Agent  </div> <div style="width: 40%;"> Date 1-16-97 </div> </div> <div style="text-align: center; font-size: 0.8em;">REGISTERED AGENT MUST SIGN</div>					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)					
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.					
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> SIGNATURE:  </div> <div style="width: 30%;"> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR KATHY MOSELEY </div> <div style="width: 20%;"> Date 1-16-97 </div> <div style="width: 20%;"> Daytime Phone # 305 283-7285 </div> </div>					

CR2040 (12/95)