

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra D. Morham Secretary of State DIVISION OF CORPORATIONS		APPROVED AND FILED 97 FEB 17 AM 8:50 SECRETARY OF STATE TALLAHASSEE, FLORIDA 700002091667--5 -02/19/97--01013--018 ***1636.25 ***1636.25	
DOCUMENT # K80540					
1. Corporation Name KROME AVENUE PROPERTIES					
Principal Place of Business Mailing Address W49000003382					
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable 333 N.E. 8th STREET		3. New Mailing Address, If Applicable P.O. Box 900969		4. Date incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <input checked="" type="checkbox"/> Applied For	
City & State NORWESTEAD FL		City & State NORWESTEAD FL		6. Certificate of Status Desired <input type="checkbox"/>	
Zip 33030		Zip 33090-0969		Country	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
PRES.	L.B. HELMS	333 N.E. 8th STREET	NORWESTEAD FL 33030		
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="font-size: 2em; font-weight: bold;">REINSTATEMENT</div> <div style="text-align: right;"> <div style="font-size: 1.5em;">91-97</div> <div style="font-size: 1.5em;">B. Alan</div> <div style="font-size: 1.5em;">2/17/97</div> </div> </div>					
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
			Name RAUL E. PASTRAN		
			Street Address (P.O. Box Number is Not Acceptable) 333 N.E. 8th STREET		
			Suite, Apt. #, Etc.		
			City NORWESTEAD		
			State FL		
			Zip Code 33030		
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 K.S.T.			Date 2-7-97		
REGISTERED AGENT MUST SIGN					
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.

SIGNATURE: L.B. HELMS 2-7-97