CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

01 JAN 19 AM 10: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K82296

1. Corporation Name

KAZ Properties I

REINSTATEMENT 92

2. Principal Office Address

1880 SW 41 Ave

Suite, Apt. #, etc.

City & State

FT Laud FL

Zip 33317 | Country

3. Mailing Office Address

21405 NE 19th CT

Suite, Apt. #, etc.

City & State

Miami Florida

Zip 33179 | Country

4. Date Incorporated or Qualified To Do Business in Florida 4/21/89

5. FEI Number 65-0119559 | Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ | $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Steven Kasimow

Street Address (P.O. Box Number is Not Acceptable)
21405 NE 19th CT

Suite, Apt. #, Etc.

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02/05/01--01016--012
***2108.75 ***2108.75

City Miami | State FL | Zip Code 33179

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 | Date 1/17/01

CR2E081 (9/00)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P.	Steven Kasimow	21405 NE 19th CT	Miami FL 33179

10. 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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/01
Date

(305) 785-7500
Daytime Phone #