

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

2002 NOV 27 AM 10:09

DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000012989

Name and Mailing Address

0000322 01 FP 0.352 **PRSRT T2 0 0615 32708-512038



THE KINIX GROUP, LLC
 638 CHEOY LEE CIRCLE
 WINTER SPRINGS FL 32708-5120



CR2E084 (8/02)

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 08/06/2001	
Principal Place of Business 638 CHEOY LEE CIRCLE WINTER SPRINGS FL 32708	3. New Principal Place of Business Address City, State, Zip	6. FEI Number	Applied For Not Applicable
8. Name and Address of Current Registered Agent PORTILLO, CARLOS 638 CHEOY LEE CIRCLE WINTER SPRINGS FL 32708		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
		9. Name and Address of New Registered Agent Name <u>IDA BARAUBAR</u> Street Address (P.O. Box Number is Not Acceptable) <u>638 Cheoy Lee Circle</u> City <u>Winter Springs</u> FL Zip Code <u>32708</u>	
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent <u>Ida Baraubar</u> Date <u>10-23-02</u> REGISTERED AGENT MUST SIGN			

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	PORTILLO, CARLOS	638 CHEOY LEE CIRCLE	WINTERSPRINGS FL 32708
Sates MGR	BARAUBAR, IDA	638 Cheoy Lee Circle	Winter Springs, FL 32708
200009233572 11/27/02--01010--006 **50.00			

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of Managing Member/Manager Ida Baraubar Date 10-23-02 Daytime Phone # 407-696-5845
 Typed or printed name of signing Managing Member/Manager IDA BARAUBAR

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October 22, 2002

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2002 NOV 27 AM 10:09
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Florida Department of State
Jim Smith
Secretary of State
Division of Corporations
Registration Section
P O Box 6327
Tallahassee, FL 32314

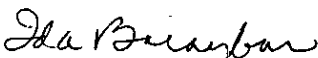
Dear Mr. Smith:

I have just received copy of the Certificate of Administrative Dissolution or Revocation from your office, in which you indicate that The Kinix Group will be dissolved for failure to file its 2002 uniform business report. We had no knowledge of this report or how to file it.

With this letter I would like to request that you please not dissolve this corporation. Please send me all the forms I need to fill out and I will do so immediately. This company cannot afford to be dissolved but cannot afford to spend \$150 to be reinstated. Is there any way that you could please help us waive this charge? Next year we will make sure all documentation is filed appropriately.

We thank you in advance for your help in this matter.

Sincerely,


Ida Baraybar
Sales Manager