

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 JUN 26 AM 10:17

SECRETARY OF STATE
TALLAHASSEE FLORIDA

000130430390
06/27/08--01029--002 **177.50
CR2E081 (12/07)

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L05000014899**

1. Corporation Name

KAI HOLDINGS LLC

2. Principal Office Address - No P.O. Box #

5401 COLLINS AVE

Suite, Apt. #, etc.

#1210

City & State

MIA FL

Zip

33140

Country

USA

3. Mailing Office Address

5401 COLLINS AVE

Suite, Apt. #, etc.

#1210

City & State

MIA FL

Zip

33140

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2/11/2005

5. FEI Number

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

ANA M PONCE DE LEON

Street Address (P.O. Box Number is Not Acceptable)

5401 COLLINS AVE

Suite, Apt. #, Etc.

#1210

City

MIA BEACH FL

State

FL

Zip Code

33140

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

ANA M PONCE DE LEON
REGISTERED AGENT MUST SIGN

Date

5/20/2008

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
MGR	PONCE DE LEON ANA M	5401 COLLINS AVE #1210	MIA FL 33140

REINSTATEMENT

06.08

000130430390
05/25/08--01022--004 **238.75

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 contained in Chapter 119, 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

ANA M PONCE DE LEON

Date

5/20/08

Daytime Phone #

305 866 6993