PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JAN 11 PM 1:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L27977

REINSTATEMENT 03-04

1. Corporation Name
KAB ASSOCIATES, INC.

600044550896
01/11/05--01016--013 **952.50

2. Principal Office Address		**3.** Mailing Office Address	
17133 Ericarose Court		17133 Ericarose Court	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
St. Andrews		St. Andrews	
City & State		City & State	
Boca Raton, Florida		Boca Raton, Florida	
Zip	Country	Zip	Country
33349	US	33349	US

4. Date Incorporated or Qualified To Do Business in Florida 11/7/1989

5. FEI Number 650163410 ☐ 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
Kenneth L. Blum, Sr.

Street Address (P.O. Box Number is Not Acceptable)
17133 Ericarose Court

Suite, Apt. #, Etc.
St. Andrews

City	State	Zip Code
Boca Raton	FL	33349

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 [signature] Date 1/6/05
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
PD	Kenneth L. Blum, Sr.	17133 Ericarose Court, St. Andrews	Boca Raton, FL 33349
V	Kenneth L. Blum, II	12639 Waterspout Ct.	Owings Mills, MD 21117
ST	Milda De La Torre	5800 SW 127 Ave 2304	Boca Raton, FL 33183

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: Kenneth L. Blum, Sr. [signature] 1/6/05 561-487-6401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #