


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> <u>U67715</u>			
<b>1. Corporation Name</b> A.K.S.I.P. Corp.			
<b>2. Principal Office Address</b> 9999 Collins Avenue Suite, Apt. #, etc. #19-B City & State Bal Harbor, FL 33154 Zip 33154 Country US		<b>3. Mailing Office Address</b> 9999 Collins Avenue Suite, Apt. #, etc. #19-B City & State Bal Harbor, FL 33154 Zip 33154 Country US	

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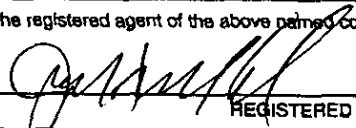
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 4/23/1990	
<b>5. FEI Number</b> 65-0186882	<b>Applied For</b> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

<b>7. Name and Address of Current Registered Agent</b>		
Name Joel Friedland		
Street Address (P.O. Box Number is Not Acceptable) 9999 Collins Avenue		
Suite, Apt. #, Etc. #19-B		
City Bal Harbor	State FL	Zip Code 33154

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 4/18/2000

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
Pres.	Joel Friedland	9999 Collins Avenue, #19-B	Bal Harbor, FL 33154

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

Joel Friedland

4/18/2000

Date

(305) 785-6074

Daytime Phone #