PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
96 NOV 12 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L94015

1 Corporation Name
KB'S CHRISTMAS TREES

Principal Place of Business
10900 Biscayne Blvd
Miami Fl. 33193

Mailing Address
2065 Alamanda DR
N. Miami Fl 33181

REINSTATEMENT 92-96
DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
2065 Alamanda Drive
Suite, Apt. #, etc.
City & State
N. Miami
Zip 33181 Country DADE

3. New Mailing Address, If Applicable
2065 Alamanda Drive
Suite, Apt. #, etc.
City & State
N Miami
Zip 33181 Country DADE

4. Date Incorporated or Qualified To Do Business in Florida
Aug 16 1990

5. FEI Number
65-0214397
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $6.25

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P, VD T	Kevin Burns	2065 Alamanda DR.	N. Miami Fl 33181

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-11/15/96--01088--007
***1192.50 ***1192.50

8. Name and Address of Current Registered Agent
Kerry E Rosenthal
1031 N Miami Beach Blvd.
N. Miami Beach Fl 33162

9. Name and Address of New Registered Agent
Name: Kevin Burns
Street Address (P.O. Box Number is Not Acceptable): 2065 Alamanda Drive
Suite, Apt. #, Etc.:
City: N. Miami
State: FL Zip Code: 33181

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Kevin Burns
REGISTERED AGENT MUST SIGN
Date: Sept 16 1996

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [X] No [ ]
(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation 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: Kevin Burns
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 10/6/96
Daytime Phone #: 305/531-7822

CR2E040 (12/95)