PLEASE READ L97000000627 TO BE BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 AUG 17 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100041744141
09/01/04--01071--001 **350.00

DOCUMENT # L9700

1. Corporation Name
KAG MANAGEMENT & TRADE LC
9/29/00

2. Principal Office Address	3. Mailing Office Address
513 US Hwy one Suite 209 N. Palm Beach FL 33408	513 US Hwy one
Suite, Apt. #, etc. Suite 209	Suite, Apt. #, etc. Suite 209
City & State North Palm-Beach FL	City & State North PalmBeach FL
Zip 33408 Country USA	Zip 33408 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 6/9/1997

5. FEI Number L97000000629 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for certified copy

7. Name and Address of Current Registered Agent

Name: Corporate Creations Network, Inc.
Street Address (P.O. Box Number is Not Acceptable): 11380 Prosperity Farms Road
Suite, Apt. #, Etc.: Suite 221 E
City: Palm Beach Gardens
State: FL Zip Code: 33410

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: [signature] Date: 8/16/04
REGISTERED AGENT MUST SIGN

CR2E031 (10/02)

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
MGR Mem	Kadji, Gilbert	725 N. Alternate AIA Suite E-205	Jupiter, FL 33477
MGR Mem	Kadji, Annie	725 N. Alternate A1A Suite E-205	Jupiter, FL 33477

REINSTATEMENT 2000-2004

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] KADJI GILBERT 8/16/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #