

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

**2002 OCT 25 AM 11:36**

**DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA**

**1. DOCUMENT # L98000000506**  
Name and Mailing Address

0001578 01 FP 0.352 \*\*PRSRT T5 0 0615 33067-451020



**KIBOKI, LLC**  
6020 NW 67TH CT  
PARKLAND FL 33067-4510



CR2E084 (8/02)

<b>2. New Mailing Address</b> City, State, Zip		<b>4. State/Country of Formation</b> FL	
<b>Principal Place of Business</b> 1000 N U.S. HIGHWAY ONE JAMAICA 104 JUPITER FL 33477		<b>5. Date Organized or Qualified To Do Business in Florida</b> 04/24/1998	
<b>3. New Principal Place of Business Address</b> City, State, Zip		<b>6. FEI Number</b> 65-0832321	<b>Applied For</b> Not Applicable
		<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>	<b>\$5.00 Additional Fee required for a Certificate of Status</b>

<b>8. Name and Address of Current Registered Agent</b> POMERANTZ, STEVEN A 6020 NW 67TH CT PARKLAND FL 33067		<b>9. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 800008595718 10725702--01072--007 ***150.00 City <b>FL</b> Zip Code	
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**10.** I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent Date 10/15/02

REGISTERED AGENT MUST SIGN

**11. Names and Street Addresses of Each Managing Member/Manager**

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	GOODMAN, SHERYL	121 COGGESHALL AVENUE, UNIT 10	NEWPORT RI 02840
MGRM	POMERANTZ, HOWARD K TRUSTEE	2000 MARKET STREET	PHILADELPHIA PA 19103
MGRM	SCHWARTZ, JEROME I TRUSTEE	2000 MARKET STREET	PHILADELPHIA PA 19103
MGRM	POMERANTZ, STEVEN A TRUSTEE	2000 MARKET STREET	PHILADELPHIA PA 19103
MGRM	SCHWARTZ, JEROME I TRUSTEE	2000 MARKET STREET	PHILADELPHIA PA 19103

**12.** I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of Managing Member/Manager Date 10/15/02 Daytime Phone # 954-341-8175

Typed or printed name of signing Managing Member/Manager