

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

97 DEC 31 PM 3:37

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N9400000170

1. Corporation Name

Miami Beach Community Kettle, Inc.

Principal Place of Business

Mailing Address

736 41st St

Miami Beach FL 33140 USA

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

1. New Principal Office Address, if Applicable

4014 Chase Ave

Suite, Apt. #, etc.

Ste #202

Miami Beach FL

Zip 33140

Country USA

3. New Mailing Office Address, if Applicable

4014 Chase Ave

Suite, Apt. #, etc.

Ste #202

Miami Beach FL

Zip 33140

Country USA

4. Date Incorporated or To Do Business in Florida

Qualified Florida Jan 12 '94

5. FEI Number

65-0458857

Applied For

Not Applicable

6. CERTIFICATE OF STATE DESIRED

\$675 Additional Fee required for a Certificate of State.

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
D	Allan Jacob	4345 N. Meridian Ave	Miami Beach FL 33140
D	Benjamin Schwed	4320 N. Meridian Ave	Miami Beach FL 33140
D	Art Lampert	4465 N. Meridian Ave	Miami Beach FL 33140
		(MERIDIAN)	

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 ***245.00 ***245.00

8. Name and Address of Current Registered Agent

Limble David S Esq
 1101 Birchell Ave
 Miami FL 33131 USA

9. Name and Address of New Registered Agent

Name ARY CHOUKE
 Street Address (P.O. Box Number is Not Acceptable) 777 Arthur Godfrey Road
 Suite, Apt. #, Etc. 2nd Floor
 City Miami Beach
 State FL Zip Code 33140

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.06, F.S.

Signature of Registered Agent

Benjamin Schwed
 REGISTERED AGENT MUST SIGN

Date

Dec. 30, 1997

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. 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 of the Florida Statutes. If 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)(b), 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:

Benjamin Schwed
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 BENJAMIN SCHWED

Dec. 30, 1997

305-938-2994

Date

Daytime Phone #

11/27/98