

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # N95000002798

1. Corporation Name

KESHER L.D., INC.

Principal Place of Business

18900 N.E. 25TH AVE. N MIAMI BEACH FL 33180

Mailing Address

18900 N.E. 25TH AVE. N MIAMI BEACH FL 33180

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

06/07/1995

5. FEI Number

65-0591858

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 2000

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

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes entries for CHUSID, HOWARD; RAUZIN, ALAN; WIFFLIN, LAURI; WHITEBOOK, HEOD; GOLDSMITH, PATRICIA.

8. Name and Address of Current Registered Agent

CHUSID, HOWARD 18900 N.E. 25TH AVE. N MIAMI BEACH FL 33180

9. Name and Address of New Registered Agent

Name, Street Address (P.O. Box Number is Not Acceptable), Suite, Apt. #, Etc., City, State (FL), Zip Code

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

SIGNATURE REQUIRED REGISTERED AGENT MUST SIGN

Date

10/31/00

11. 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 REQUIRED HOWARD CHUSID

Date

10/31/00

Daytime Phone #

305-792-7000