| PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. | | | | | |
|--|--|--|---|--|----------|
| APPLICATION FOR REINSTATEMENT | Kathe Secret | RTMENT OF STATE rine Harris ary of State F CORPORATIONS | | FILED ECRETARY OF S LAHASSEE, FI | STATE |
| DOCUMENT # N9900 1. Corporation Name KOL DODI, INC. | 01 OCT 25 PM 6: 09 | | | | |
| Principal Place of Business Mailing Address 4570 MILITARY TRAIL. SUITE C1 14570 MILITARY TRAIL. ELRAY BEACH FL 33484 DELRAY BEACH FL 334 | | TRAIL. SUITE C1 FL 33484 | | IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII | |
| 2. New Principal Office Address, If Applicable Suite, Apt. 4, etc. City & State | CONTROL DE LOS DE LOS DE 170 COMO HORITA | | 4. Date Incorporated or Qualified To Do Business in Florida 10/29/1999 SP 5. FEI Number 65-0975573 Applied For Not Applicable | | |
| Zip PROPERT Country GRAD | Zip 33 435 | Country | 6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status | | |
| 7. Names and Street Addresses of Each Officer and/or Director (Flor Title(s) 1 Name of Officers and/or Directors PD ALPREN, KEN | | Street Address of Each Officer and/or Director 14570 MILITARY TRAIL, SUITE C1 | | 4 City / State / Zip DELRAY BEACH FL 33484 | |
| VD KLEMISH, ROBERT | | 7649 SPRINGFIELD LAKE DR. | | LAKE WORTH FL 33467 | |
| STD BAEHR, RONALD | | 770 HORIZON EAST, #310 | | BOYNTON BEACH FL 33435 | |
| | | | 400 | 0004679 -11/14/01 ****236.25 | 01091026 |
| 8. Name and Address of Current | t Pagistared Agent | - | 0.1 | | 44 |
| 8. Name and Address of Curren ALPREN, KEN 14570 MILITARY TRAIL, SUITE C1 DELRAY BEACH FL 33484 | · | Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. | | | |

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.

REGISTERED AGENT MUST SIGN

11.1 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:

/0 -1-0 / 561-737-2427

Date Daytime Phone #