PLEASE READ ALL INSTRUCTIONS BEFORE CON

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P0000802649

**1.** Corporation Name

Kensington Financial Group Corporation

REINSTATEMENT 01-05

MRS

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 200 S Biscayne Blvd | 1500 Alton Rd |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. 2nd floor |
| City & State Miami FL | City & State Miami Beach FL |
| Zip 33131 | Country USA | Zip 33139 | Country USA |

**4.** Date Incorporated or Qualified To Do Business in Florida

**5.** FEI Number  ☒ Applied For / ☐ Not Applicable

**6.** CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name: Manuel A Cuadrado

Street Address (P.O. Box Number is Not Acceptable): 1500 Alton Rd

Suite, Apt. # Etc.: 2nd floor

City: Miami Beach   State: FL   Zip Code: 33139

**8.** I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____
REGISTERED AGENT MUST SIGN

Date 3/24/05

CR2E081 (01/05)

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

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|---|---|---|---|
| DP | Manuel A Cuadrado | 1500 Alton Rd | Miami Beach, Fl 33139 |
| | | 900050752229 04/14/05--01018--016 **758.75 | |
| | | 900050752229 04/14/05--01018--017 **600.00 | |

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3/24/05

305 672-5369
305-569 9449
Daytime Phone #

MANUEL A CUADRADO, President.