

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

03 JAN 15 AM 11:08

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P0000028799

1. Corporation Name

KAGANAS FAMILY MANAGEMENT CORPORATION

Principal Place of Business

Mailing Address

3802 NE 207TH STREET APT 2901  
 AVENTURA FL 33180

3802 NE 207TH STREET APT 2901  
 AVENTURA 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

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

03/21/2000

5. FEI Number

65-1012389

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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	4 City / State / Zip
D	KAGANAS, ISRAEL	3802 NE 207TH STREET APT 2901	AVENTURA FL 33180
D	KAGANAS, ZULMA	3802 NE 207TH STREET APT 2901	AVENTURA FL 33180

800009439388  
 01/15/03--01076--014 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LAMONT & NEIMAN, P.A.  
 ONE BISCAYNE TOWER SUITE 3550  
 TWO SOUTH BISCAYNE BLVD.  
 MIAMI FL 33131

Name  
 ZULMA KAGANAS  
 Street Address (P.O. Box Number is Not Acceptable)  
 3802 NE 207th St # 2901  
 Suite, Apt. #, Etc.  
 Aventura  
 City

State  
 FL

Zip Code  
 33180

CR2E040 (8/01)

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

REGISTERED AGENT MUST SIGN

Date

12-5-02

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ZULMA KAGANAS

Date

Daytime Phone #

12-5-02