PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1	ARPORATI				Katherir Secretar	TMENT OF Sine Harris y of State orporations	TATE		07 AP	FILED R30 PM 3	3: 13
DOCUMENT # P0000038801 1. Corporation Name UNION OF KINGS CORP								OOO103191190 05/24/0701019009 **600.00			
2. Principal Office Address 5416 CAHNON WAY Suite, Apt. #, etc.				3. Mailing Office Address 5416 CAHHOH WAY Suite, Apt. #, etc.				REINSTATEMENT 04-67			
City & State WEST PALM BEACH, FL. Zip Country 33415 U.S.A.			City & State WEST PALM BEACH, FL. Zip Country 33416 U.S.A.				5. FEI Numb	rporated or Qua siness in Florida per ' 010766	9 041 S	Applied For Not Applicable Additional Fee require Certificate of Status	
		· · ·				ddress of Current	Registere	ed Agent	•		Certificate of Status
on a consumption	Name JORGE ALFONSO Street Address (P.O. Box Number is Not Acceptable) SHIG CANNON WAY Suite, Apt. #, Etc. City WEST PALM BEACH State Zip Code FL 3345										
8. I, being appointed the registered agent on 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											
9. Names	and Street Add	resses o	f Each Officer and/	or Director (Fl	orida nonprof	t corporations must	list at lea	st 3 directors)			
Titles			Name of and/or Directors			Street Address Officer and/or				City / State /	Zip
P	JORGE	:_ <i>P</i>	HLFONSO		5416	CAHNON	WA	4	W.PALM	BEACH, FL	.33415
VP	ZEIDA	Α,	rlfonso		54-16	CAHNOH	WAY			BEACH, FL	
			PRS	18							
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.											
SIGNAT	SIGNATURE: SIGNATURE SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #										

April 23, 2007

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

> Re: Union of Kings Corp. P00000038801 Reinstatement

To Whom It May Concern:

Enclosed find check for \$600.00 to pay for the 2004, 2005, 2006 & 2007 Annual Reports. I never received the original notice and I did not know the Corporation had been dissolved.

Sincerely,