PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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 Resilvent Lazar Albert Kauderer Will The IUDS Resilvent Lazar Albert Kauderer Will The IUDS	\$5000000000000000000000000000000000000	\$2200000000000000000000000000000000000	200000000000000000000000000000000000000		G THIS FURIN.	
1. Corporation Name Kings Financial Group, INC. 2. Principal Office Address 100 Golden Isles Drive Sulte, Act. 86. 110 B. 1408 1408 1408 1408 1408 1408 1506 J. 1408 1408 1506 J. 1408 15		Sec	Jim Smith cretary of State		02 OCT -8	PH 2: 47
2. Principal Office Address 100 & Orley Tisles Drive 100 & Orley Sun Apt. 4 etc. 110 & Index 110 & Ind	8 -	SECRETARY OF STATE TALLAHASSEE, FLORIDE				
100 Golden Isles Drive 100 Golden Isles in Finding 100 Golden Isles 100 Golden Isles in Finding 100 Golden Isles	Kings Financial	Groupi	INC	·		UBR
Cay & State Hallandale, F2 Hallandale, F2 Git & State Hallandale, F2 Gourny 20 Country 33009 U.S GERTIFICATE OF STATUS DESIRED 7. Name and Address of Current Registered Agent Name Lazar Albert kawberer Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) LOS CHALLANDALE State Lyos CHALLANDALE FL 33009 State FL 33009 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607,0506 or 617,0503, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer andrer Director (Florida nonprofit corporations must list at least 3 directors) Resilient Lazar Albert kawberer 100 Gest Sent 131es Hall and and Colored Resilient Lazar Albert kawberer 100 Gest Sent 131es Hall and and Colored Resilient Lazar Albert kawberer 100 Gest Sent 131es Hall and of Circle (Profit on the proposer of the three plants of the proposer of the section of the proposer of the three plants of the proposer of the propos	100 Golden Isles Drive Suite, Apt: #, etc.	LOO G- s Suite, Apt. #, etc.	_			01-02
7. Name and Address of Current Registered Agent Name Lazar Albert kaubere Street Address (P.O. Box Number is Not Acceptable) Sulfa, Act. #, Etc. 1 4 0 8 City Hallandale 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 P. Names and Street Addresses of Each Officer and/or Director Titles Officers and/or Director Officers and/or Director City / State / Zip Resident Albert Kauberer Resident 100 G-each Labert Hall and and City / State / Zip Resident 100 G-each Labert Hall and and City / State / Zip Resident 100 G-each Labert Hall and and City / State / Zip Resident 100 G-each Labert Hall and City / State / Zip Hall and City / State / Zip Resident 100 G-each Labert Hall and City / State / Zip Hall and City / State / Zip Resident 100 G-each Labert Hall and City / State / Zip Hall and City / State / Zip Resident 100 G-each Labert Hall and City / State / Zip Hall and City / State / Zip Hall and City / State / Zip Resident 100 G-each Labert Hall and City / State / Zip Hall and City / State	City & State Hallandale, F2. Zip Country	City & State Halland		To Do Busines:	in Florida	·
Street Address (P.O. Box Number is Not Acceptable) LOO GOOD TSIES Drive 10/30/10201076003 ***308.75 State Address (P.O. Box Number is Not Acceptable) LOO GOOD TSIES Drive 10/30/10201076003 ***308.75 State Zin Code FL 33009 8. I, being appointed the registered agent of the above named corporation, an 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 Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Name of Officers and/or Directo	33009 U.S		u u.s	CERTIFICATE OF	STATUS DESIRED	
Resident Lazar Albert Kauderen Die Hall ander 2233009 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 owed by the corporation have been paid and the names of individuals interest of the corporate name satisfies the requirements of section 607.0401 or 617,0401, F.S., that all fees	Street Address (P.O. Box Number is 100 & 0100 Suite, Apt. #, Etc. 1 4 0 8 City Hallandal Signature of Registered Agent Street Addresses of Each Officer at Titles Name of	Not Acceptable) Compose named corporation Compose named corporation REGISTERED AGENT I	an familiar with and accept the o	St F F F F F F F F F F F F F F F F F F F	Zip Code 1 3 3 5 7 7 .0505 or 617.0503, F.S.	(1939) (1
owed by the corporation have been paid and the names of individuals listed on this form do not be subsided in the section 607,0401 or 617,0401, F.S., that all fees	Resident Lozar Albert	Kauderer	100 Geston 2011 # 1108	H Selet	all andole	4-33009
SIGNATURE: 10-7-02 347-583 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Desylime Phone #	owed by the corporation have been paid and the on this application is true and accurate, and my standard SIGNATURE:	names of individuals lissinguature shall have the	ted on this form do not qualify for all same legal effect as if made under	ne requirements of sec n exemption under sect coath.	tion 607,0401 or 617,0401, ion 119.07(3)(i), F.S. The inf	F.S., that all fees ormation indicated H7-583

20FZ

Kings Financial Services 100 Golden Isles Dr. 1408 Hallandale FL 33009 Lazar Albert Kauderer

To whom it may concern,

I have not filed my UBR for the last two years. We had a fire in the office and non of the mail was transferred to the new address.

I would like to reactivate my corporation.

Thank You,

Lazar A. Kauderer

President