

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 OCT -8 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000048505

1. Corporation Name

Kings Financial Group, Inc.

2. Principal Office Address

100 Golden Isles Drive

Suite, Apt. #, etc.

1408

City & State

Hallandale, FL

Zip

33009

Country

U.S.

3. Mailing Office Address

100 Golden Isles Drive

Suite, Apt. #, etc.

1408

City & State

Hallandale, FL

Zip

33009

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1003379

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

607.0503, F.S. (Additional Fee Required for Certificate of Status)

7. Name and Address of Current Registered Agent

Name

Lazar Albert Kauderer

Street Address (P.O. Box Number is Not Acceptable)

100 Golden Isles Drive

Suite, Apt. #, Etc.

1408

City

Hallandale

State

FL

Zip Code

33009

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

L.A. Kauderer

REGISTERED AGENT MUST SIGN

Date

10/7

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
Resident	Lazar Albert Kauderer	100 Golden Isles Drive #1408	Hallandale FL 33009

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:

L.A. Kauderer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-7-02 347-5835

Daytime Phone #

2092

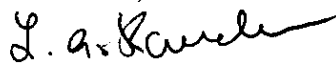
Kings Financial Services
100 Golden Isles Dr. 1408
Hallandale FL 33009
Lazar Albert Kauderer

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