


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

CORPORATION REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P00000063189</u>			
1. Corporation Name <u>King's Insurance Agency, Inc.</u>			
2. Principal Office Address <u>2363 W. Flagler St.</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>2363 W. Flagler St.</u> Suite, Apt. #, etc.	
City & State <u>Miami FL</u>		City & State _____	
Zip <u>33135</u>	Country <u>USA</u>	Zip _____	Country _____

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 SEP 30 AM 8:00

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 09/30/04--01045--004 **1208.75
REINSTATEMENT 01-04

4. Date Incorporated or Qualified To Do Business in Florida <u>2002</u>		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. FEI Number <u>37-1496777</u>		
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		

MRS

7. Name and Address of Current Registered Agent		
Name <u>MARC COOPER</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>2363 W. Flagler St.</u>		
Suite, Apt. #, Etc. _____		
City <u>Miami</u>	State <u>FL</u>	Zip Code <u>33135</u>

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 [Signature] Date 9/23/04
 REGISTERED AGENT MUST SIGN

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
P	Marc Cooper	2363 W. Flagler St	Miami FL 33135
VP	Marc Cooper	2363 W. Flagler St	Miami FL 33135
S	Marc Cooper	2363 W. Flagler St	Miami FL 33135
T	Marc Cooper	2363 W. Flagler St	Miami FL 33135

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)(f), 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

9/23/04

Date

Daytime Phone #

305-541-2730

CR2E061 (01/04)