P.05/07

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.				
CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS			SECRETARY OF STATE DIVISION OF CORPORATIONS OI NOV 14 PM 4: 00	
DOCUMENT # P00000072544  1. Corporation Name  KY. Legal, Inc.				
3111 N. Andrews Avenue 31		3. Mailing Office Addi 3111 N. Andrew		7000046852573 -11/16/0101046024 ****150.00 *****150.00
Sulte, Apt. #, etc.		Suite, Apt. #, etc.  City & State		Date incorporated or Qualified     To Do Business in Florida
City & State Ft. Lauderdale, FL		Ft. Lauderdale, FL  Zp Country		5. FEI Number Applied For Not Applicable
ZIp 33309	Country	33309		6. CERTIFICATE OF STATUS DESIRED
7. Name and Address of Current Registered Agent  Name Jay M. Wasserman  Street Address (P.O. Box Number is Not Acceptable)				
3111 N. Andrews Avenue Suite, Apt. #, Etc.			TATA	
. ,	City Fort Lauderdale		A CONTRACTOR	State Zip Code F1 33309
8.4. being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.  Signature of Registered Agent  REGISTERED AGENT MUST SIGN  Date				
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, D	Jay M. Wasserman	3111 }	J. Andrews Avenue	Pt. Lauderdale FL 33309  IALLE SECURIOR NOV
				RY OF FEE
				1 2 1 8 STATE LORIDA
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 807 or 817, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 807.0401 or 817.0401, 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 ceth.  SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Disp. Daytome Phone 8				