PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

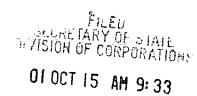
DIVISION OF CORPORATIONS

DOCUMENT # P0000090428

1. Corporation Name

SIGNATURE:

KDK RESIDENTIAL BUILDERS INC.



Date

Daytime Phone #

	•							
Principal Place of Business Mailing A			Iress				11 40:() 01010 (bio (bio 100)	
PALM BEACH GARDENSN FL 33410 PA			4079 ILEX CIRCLE NORTH PALM BEACH GARDENSN FL 33410					
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					REINSTATEMENT OF			
			ing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 09/21/2000			
Suite, Apt. #, etc. Suite, Apt.		Suite, Apt. #,	, etc.		5. FEI Number X Applied For			
City & State City & Sta		City & State	9		<u> </u>		Not Applicable	
Zip Country Zi		Zip	Country		6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status			
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)								
Title(s) Name of Officers and/or Directors			et Address of Each cer and/or Director		City / State / Zip			
P KANA	ANACH, DARYL J		4079 ILEX CIRCLE NORTH			PALM BEACH GARDENSN FL 33410		
				100 - 100 -		10/25/01 -10/25/01 ****750.00	01075-010 ****750.00	
						19	\3	
8. Name and Address of Current Registered Agent Name					Name and Address of New Registered Agent			
KANACH, DAI 4079 ILEX CIF PALM BEACH		Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.						
City						State F.L.	Zip Code	
Signature of Registered Agent Neglistered Agent Bedistered Agent Must sign application, the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR