

APPROVED
AND
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

02 NOV 15 PM 1:46

**CORPORATION
REINSTATEMENT**



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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000102689

1. Corporation Name

KENDALL BATH TUBS INC

REINSTATEMENT 01-02

9/21/01 90004 004 \$550.00
10/22/02 01018 003 \$200.00
8/19/02 90126 029 \$150.00

2. Principal Office Address
15410 SW 74 CIRCLE CT.

3. Mailing Office Address
15410 SW 74 CIRCLE CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

4. Date Incorporated or Qualified
To Do Business in Florida **10/31/2000**

5. FEI Number
65-1072967

Applied For
Not Applicable

Zip Country
33193 USA

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33193 USA

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
LUIS A. CAMARA

Street Address (P.O. Box Number is Not Acceptable)
15410 SW 74 CIRCLE CT.

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33193

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

Date **10/16/2002**

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
PRES.	LUIS A. CAMARA	15410 SW 74 CIRCLE CT.	MIAMI, FLORIDA 33193

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:

LUIS A. CAMARA

Date **10/16/2002** (305)408-8083

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)