


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 JAN 13 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
		DOCUMENT # P0000011785

1. Corporation Name
KIELSA REAL ESTATE HOLDINGS, INC.

2. Principal Office Address 9350 South Dixie Hwy Suite, Apt. #, etc. Suite 1500 City & State Miami, Florida Zip 33156		3. Mailing Office Address Suite, Apt. #, etc. City & State Zip Country	
Country US	Country	Country	Country

REINSTATEMENT ~~03-05~~

4. Date Incorporated or Qualified To Do Business in Florida		Applied For Not Applicable
5. FEI Number 651094778		Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name SEGREDO, FRANK J.		
Street Address (P.O. Box Number is Not Acceptable) 9350 SOUTH DIXIE HIGHWAY, SUITE 1500		
Suite, Apt. #, Etc.		
City MIAMI	State FL	Zip Code 33156

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: 1/12/05

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
D	FARAJ, KARIM	9350 SOUTH DIXIE HWY, #1500	MIAMI, FLORIDA 33156

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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: *[Signature]* **KARIM FARAJ, PRESIDENT** Date: 01/12/2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/05)