* FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

CITY-ST-ZIP

SIGNATURE:

attachment with an address, withvall of

SIGNATURE AND TYPED OR PRINTE

FILED DOCUMENT # P01000072439 04 FEB 25 AM 9: 48 1. Entity Name Kingston Components, Inc. SECRETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address REINSTATEM 325 East Aurora Avenue same Suite, Apt. #. etc. Suite, Apt. #, etc. City & State City & State Applied For Venice, Florida Not Applicable Zip **34285** Country Zip Country \$8.75 Additional 5. Certificate of Status Desired **United States** 7. Name and Address of Current Registered Agent Name Spiegel & Utrera, P.A. DO NOT WRITE Street Address (P.O. Box Number is Not Accepteble): 8 3 2 IN THIS SPACE City Miami Zip Code 33145 ubmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of F 8. The above named the obligations o ad agent. BY: NATALIA UTRERA, V.P SIGNATURE - May 4 Fee Is \$150:00 January After May 1, Fee is \$550.00 Amended UBR is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS CR2E034B (12/02) TITLE **PSD** MAME NAME Ken Fromer STREET ADDRESS STREET ADDRESS 325 E. Aurora Ave, Venice, FL 34285 CHTY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-STEZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-S1-ZIP THLE HÜLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP THE TIFLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$1-7(P DITY-ST-7IP TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an

Ken Fromer

ED NAME OF SIGNING OFFICER OR DIRECTOR

941.486-1453

AFFIDAVITIN SUPPORT OF REQUEST TO WAIVE THE FLORIDA DEPARTMENT OF STATE CORPORATE REINSTATEMENT FEES

STATE OF FLORIDA)
)
COUNTY OF SARASOTA)

- Ken Fromer is the President of KINGSTON COMPONENTS, INC., a Florida corporation, (hereinafter "Corporation").
- 2. That the Corporation was administratively dissolved by the Florida Department of State on 4 October 2002.
- 3. That the Corporation failed to file its 2002, 2003, 2004 Annual Report or pay the 2002, 2003, 2004 Annual Report filing fee within the time prescribed by Florida Statutes Chapter 607 because:
 - 3.1 the written notice and requirements for filing the Annual Report and pay the Annual Report fee to the Florida Department of State was never received by the Corporation; and,
 - 3.2 the written notice was never received by the Corporation or its Registered Agent that the Florida Department of State was commencing a procedure to administratively dissolve the Corporation.
- The Corporation requests the Florida Department of State reinstate the Corporation upon the payment by the Corporation of its 2002, 2003, 2004 Annual Report fees and the filing of its 2002, 2003, 2004 Annual Reports, which are presented simultaneously with this Affidavit.
- 5. KINGSTON COMPONENTS, INC. satisfies the requirements of the Florida Statutes 607.0401.
- 6. No further ground or grounds exist for the administrative dissolution of the Corporation.

Dated: 17th day of February

FURTHER, AFFIANT SAYETH NOT

KINGSTON COMPONENTS. INC.

Ken Fromer, President

SWORN AND SUBSCRIBED

before me this **17** day of **February**, 2004

LORI STELZER COMMISSION # DD 175643 EXPIRES: April 3, 2007 nded Thru Budget Notary Services

Notary Public, State of Florida at Large

Lori Stelzer Printed Name:

Commission Expires:___

Identified by Florida Driver's License F656-516-48-286-0