

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2007 APR 19 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000096810

1. Corporation Name

AIKON, INC.

300099244963
04/30/07--01001--011 **1050.00

2. Principal Office Address - No P.O. Box #
6056 Alton Rd

3. Mailing Office Address
6056 Alton Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami Beach, FL

City & State
Miami Beach, FL

Zip
33140

Country
USA

Zip
33140

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number **65-1152011**

Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name
Juin, Kathryn

Street Address (P.O. Box Number is Not Acceptable)
6056 Alton Rd

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33140

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Kathryn Juin

REGISTERED AGENT MUST SIGN

Date **4/3/07**

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	Kathryn Juin	6056 Alton Rd	Miami Beach, FL 33140

REINSTATEMENT

4/24/07

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 contained in Chapter 119, 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:

Kathryn Juin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/03/07

Date

(305) 444-8800

Daytime Phone #