

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 11 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000010288

1. Corporation Name

KARI, INC

2. Principal Office Address

281 SW 87 PATH
Suite, Apt. #, etc.

3. Mailing Office Address

281 SW 87 PATH
Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33174

Country

USA

Zip

33174

Country

USA

100025529161
12/16/03-01044-040 **600.00
REINSTATEMENT 03

4. Date Incorporated or Qualified To Do Business in Florida

01-29-02

5. FEI Number

80-0032965

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee reqd for a Certificate of Status

Name

VIVIAN S. CARDENAS

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

281 SW 87 PATH
Suite, Apt. #, Etc.

City

MIAMI

100025529161
12/16/03-01044-029 **100.00

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]

State

FL

Zip Code

33174

REGISTERED AGENT MUST SIGN

Date 12-10-03

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
P.	VIVIAN S. CARDENAS	281 SW 87 PATH	MIAMI FL 33174

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 filed 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-10-03

Daytime Phone #

TK