

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 14 PM 1:33

SECRETARY OF
TALLAHASSEE, FLORIDA

DOCUMENT # *PD2000023316*

1. Corporation Name

MSKGP, INC.

2. Principal Office Address

5513 N. MILITARY TRAIL

Suite, Apt. #, etc.

102

City & State

BOCA RATON, FL

Zip

33496

Country

USA

3. Mailing Office Address

800 CORTE MADERA AVE

Suite, Apt. #, etc.

City & State

CORTE MADERA, CA

Zip

94925

Country

USA

REINSTATEMENT *03-04*

**4. Date Incorporated or Qualified
To Do Business in Florida**

3-1-02

5. FEI Number

36-4517772

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

AUGUST & KULLUNAS, P.A.

200032509982

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

250 AUSTRALIAN AVENUE SO.

Suite, Apt. #, Etc.

SUITE 1100

City

WEST PALM BEACH FL

State

FL

Zip Code

33401

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]

REGISTERED AGENT MUST SIGN

Date

4-05-04

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
<i>PD</i>	<i>MICHAEL S. KLEIN</i>	<i>800 CORTE MADERA AVE</i>	<i>CORTE MADERA, CA 94925</i>

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]

MICHAEL SKLEIN 3-10-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

415-332-1012

Daytime Phone #

CR2E081 (01/04)

From the office of
MICHAEL S. KLEIN

P.O. BOX 626
CORTE MADERA, CA 94976
Bus. Ofc. (415) 332-1012
Fax No. (415) 884-2373

March 10, 2004

Florida Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32314

Re: MSKGP, Inc. - Corporation Reinstatement

The above entity currently has an "Inactive" status due to not filing the required annual report. The 2003 annual report was not filed because the responsible party was not aware of the requirement. Florida filing forms and notices were not been received due to an incorrect address on file.

As instructed, I have enclosed a check in the amount of \$300.00 representing the 2003 and 2004 annual filing fee and the reinstatement form. Please change the mailing address as follows:

Former address: 71 Ridgecrest Road
Kentfield, CA 94904

Current address: 800 Corte Madera Ave
Corte Madera, CA 94925

Should you require additional information, please call Susan Letcher in our business office at 415-332-1012.

Regards,



Michael S. Klein