PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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	RPORATION STATEMENT		Sea	PARTMENT OF State of corporations	STATE		FILE	-
DOCUMENT# POROSONIA 1. corporation Name Kingdiam Come Proper			0003 Propert	ies, luc	ŧ.		SEGRETARY (TALLAHASSEE)F STATE , FLORIDA
2. Principa 1 (land Park Blud	3. Mailing Office	Address Oakland Pa	irk Bli	4. Date Incorp	orated or Qualified	104.134
Cipx & State Sunr Zip 33	ise, Flor	rida	City & State Sunrise Zip 33351	Flurida country Browa	rd	5. FEI Numbe 04-3	6537 93	Applied For Not Applicable Additional Fee requires Certificate of Status
				and Address of Curre	بسنسا	ed Agent	, , ,	
-	Sherry L. Valle Street Address (P.O. Box Number is Not Acceptable) 3243 NW 123 TERR Suite, Apt. #, Etc. City Sunrise, Florida					000075970080 06/08/0601006001 **140.25 800075970188 06/08/0601006002 **308.75 State Zip Code FL 33323		
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the ob- Signature of Registered Agent Valle REGISTERED AGENT MUST SIGN						Date 4-16-2006		
9. Names	and Street Addresses	of Each Officer and	or Director (Florida r	nonprofit corporations ma	ust list at lea	st 3 directors)		
Titles	Office	Name of rs and/or Directors		Street Addre Officer and			City / State /	Zip
Presiden	Benny	valle ?	3r. 3	243 NW	123	terr	Sunrise, tlo	vida 33323
Vice President	Sherry	y L. Valle	!	Sam	e		Same	
Officer	Benny	Valle J	R.	Sam			same	
Hicer	Martina	Valle		Same			seme	
officer	Maritza	a Valle	1	50n	ne		same	
			MMN				-	
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: SIGNATURE: SIGNATURE:								
		AND TYPED OR PRIN	TED NAME OF SIGND	G OFFICER OR DIRECTOR	R		Date Daytime	

March 27, 2006

Florida Department of State Secretary of State **Division of Corporations**

RE: Reinstatement of Kingdom Come Properties, Inc. (P02000033628)

Dear Sir/Madman:

This letter is to inform Florida Department of State that we did not receive the annual notice in the year of dissolution. We have moved from the address on file with the state. Our new address is shown on the reinstatement form.

Enclosed is a money order for \$309.75, which cover the following:

	Fee	YR	Total
Annual Report Fee	61.25	2004, 2005	123.50
Corp Supp Fee	88.75	2004, 2005	177.50
Cert. of Status	8.75		8.75

Grand Total:

\$309.75.

Thank you

Sherry L. Valle Vice President

Kingdom Come Properties, Inc.