

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-05

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P02000039781			
1. Corporation Name Kapital Group INC.			
2. Principal Office Address 294 NE 62ND Street		3. Mailing Office Address 5055 COLLINS AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc. APT 4K	
City & State MIAMI FL		City & State MIAMI BEACH FL	
Zip 33138	Country US	Zip 33140	Country US

4. Date Incorporated or Qualified To Do Business in Florida 4/12/02	
5. FEI Number 04-3656418	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name CARLOS KATTAN	
Street Address (P.O. Box Number is Not Acceptable) 5055 COLLINS AVE	
Suite, Apt. #, Etc. APT 4K	
City MIAMI BEACH FL	State FL
Zip Code 33140	

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

2/2/05

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
PD	CARLOS KATTAN	5055 COLLINS AVE 4K	MIAMI BEACH FL 33140
VD	ANDREA G. De Cham	5055 COLLINS AVE 4K	MIAMI BEACH FL 33140

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05/10/05--01008--010 **450.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/2/05

CR2E081 (01/05)

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Kapiital Group Inc.
5055 Collins Av. Apt. 4K
Miami Beach, FL 33140

April 6, 2005

Florida Dept of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Ref. #P02000039781

To Whom It May Concern:

I am writing to inform you that I did not receive the 2003 Annual Report corrections letter because it was mailed to the incorrect address. It was mailed to the old address of 1 NE 1st St. #202, Miami, Fl 33132. Had I received it, I would have made the necessary correction and returned it within the specified time period. Enclosed you will find my reinstatement application and fee.

Thank you,

Carlos Kattan