PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	S	DEPARTMENT OF STATE Secretary of State SION OF CORPORATIONS		0 5 S	FILED EP 19 P! 3:	
DOCUMENT # POZ 1. Corporation Name KAS, INC	0000	048757	Γ	Settine MIN	A STATE	TE DA
2. Principal Office Address 3648 Beneva Oaks Bld 3648 Beneva Oak			3/2/		-	
Suite, Apt. #, etc.	pt. #, etc. Suite, Apt. #, etc.		4. Date Incorp		Qualified Vida	02/2002
City & State Savas ota; T-L	- <u> </u>		5. FEI Numbe	5. FEI Number 35-2/68369		
34238 U.SA	- - - - - - - - - -			SB.75 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Agent						
Name ZaKaria A. Ghalayini 300058852463 Street Address (P.O. Box Number is Not Acceptable) 3648 Beneva Oaks Blvd Suite, Apt. #, Etc. City Sarasota State Zip Code FL 34238						
	ve named como	ration, am familiar with and accept th	e chlications of secti			
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 REGISTERED AGENT MUST SIGN Date						
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least						
Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip		
C Kenneth A. Gray		3648 Beneu			FZ 34235	
P Amanda T. Ghalayin		3648 Benev	Blied.	<u>Sargsida</u>	FZ 34238	
S Zakaria A. Gh	ala yin,	3648 Benev	a Oaks Bl	d:	Sarasota,	Ft 34238
		TATEMENT	03	05		
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 filling 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: 2AKAPIA A GIFALAYINI 08/12/05 941-735- SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # /02/						

July 20, 2005

Florida Department of State Division of Corporations Corporate Filings – Re-Instatements P O Box 6327 Tallahassee, FL 32314

RE: Document Number P02000048757 – KAG, Inc.

Dear Sir,

. .

Enclosed please find an application for re-instatement for the above referenced corporation, along with a check for \$450.00 as re-instatement fee.

Please note that due to the fact that we have not received any notices advising us of the Administration Dissolution for Annual report and the fact that any fee higher than a \$450.00 would simply drive us out of business, we kindly ask-you to-consider waiving the penalty and affect our re-instatement.

Thanking you in advance for your kind consideration.

Sincerely,

Zakaria A. Ghalayini 3648 Beneva Oaks Blvd Sarasota, FL 34238

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