PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 09 NOV 10 AM 4: 24
DOCUMENT # P03000 1. Corporation Name King Solomo	N INVESTMENTS	SECRETART OF STATE TALLAHASSEE, FLORIDA
Extensise, I	-NC,	800162639668 11/09/0901060019 **470.00
2. Principal Office Address - No P.O. Box # 120 E, OHKLAND PARK Suite, Apt. #, etc.	3. Mailing Office Address Suite, Apt. #, etc.	REINSTATEMENT 07
Blvd. Suite 105 BK	Suite, Apr. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida /0/21/2003
City & State Ft, Lauderdale	City & State	5. FEI Number Applied For Not Applied by Applied For Not Applicable
33334 BROWARD	Zip Country	6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status
Name Bill Emith Street Address (P.O. 86) Number is Not Acceptable	Blvd Suite 105BK State Zip Code FL 33334	The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.
Signature of Registered Agent Date Nov. 6, 2009 Fv. day		
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	
V. Billy Smith	120 E. Oakland Mar. Swyc 105 BK	tt. Laudendale, tl. 33334
V.P. B.Tly Smith	120 E.OAKland Pa Swite 105 BK	Ft. Landerdale, FL 33334
S. Billy Smith	Suite 105BK	ark Bluck, Ft. Laudendale, FL. 33334
T. B.My Smith	120 E. OAKland PI Suite 105 Bt	Ark Block, Ft. Landerdale, \$1,33334
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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 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. 3;00pm SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayline Phone #		