PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS								FILED 08 MAY 20 PM 1:17
DOCUMENT # P05000026511 1. Corporation Name KAME CORP.								SEGNLI BASSEE, FLORIDA TALLAHASSEE, FLORIDA
2. Principal Office Address - No P.O. Box # 1818 N.W. 82 AVENUE Suite, Apt. #, etc. City & State				3. Mailing Office Address 241 S.W. 67 AVENUE Suite, Apt. #, etc. City & State			CR2E081 (12/07) 4. Date Incorporated or Qualified To Do Business in Florida 02/21/2005	
MIAMI, I Zip 33126	Country			MIAMI, FL Zip Country 33144		untry	5. FEI Number ✓ Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status	
Name MANUEL OGANDO Street Address (P.O. Box Number is Not Acceptable) 1818 N.W. 82 AVENUE Suite, Apt. #, Etc. City MIAMI							▼ 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.	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obl Signature of Registered Agent REGISTERED AGENT MUST SIGN							ligations of section 607.0505 or 617.0503, F.S. Date 5-19-2008	
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	MANUE	L OGAND	0		1818 N.W. 82 AVENUE			MIAMI, FL 33126 0130901997 08-01018-010 **450.00
REINSTATEMENT								
			RH.		5-08			
10. It 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 tile 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: 5-19-2008								
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #								