
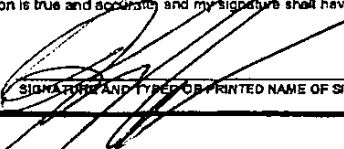


FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2007 NOV 19 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS W07000052397	
DOCUMENT # P05000051842			
1. Corporation Name K S T DEVELOPMENT, INC.			
2. Principal Office Address - No P.O. Box # 3080 SW 44 COURT		3. Mailing Office Address 3080 SW 44 COURT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State FORT LAUDERDALE, FL		City & State FORT LAUDERDALE, FL	
Zip 33312	Country USA	Zip 33312	Country USA
7. Name and Address of Current Registered Agent			
Name SHANAHAN, KEIRIN			
Street Address (P.O. Box Number is Not Acceptable) 3080 SW 44 COURT			
Suite, Apt. #, Etc.			
City FORT LAUDERDALE, FL		State FL	Zip Code 33312
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		Date 10/19/07	
REGISTERED AGENT MUST SIGN			
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
P	SHANAHAN, KEIRIN	3080 SW 44 COURT	FORT LAUDERDALE, FL33312
VP	SHANAHAN, SUSAN	3080 SW 44 COURT	FORT LAUDERDALE, FL33312
S	SHANAHAN, KEIRIN	3080 SW 44 COURT	FORT LAUDERDALE, FL33312
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: 		Keirin Shanahan Pres. 10/19/07 Date Daytime Phone #	

REINSTATEMENT

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida **04/07/2005**5. FEI Number **20-2631409**

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

☒ 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.

11/2/07