
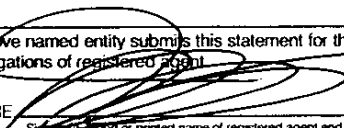
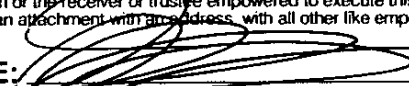


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000088047 1. Entity Name KENDALL WEST INC.						FILED 07 DEC 14 AM 11:17 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business P.O. BOX 831472 MIAMI, FL 33283				Mailing Address P.O. BOX 831472 MIAMI, FL 33283			
2. Principal Place of Business - No P.O. Box # 10140 SW 60 Street				3. Mailing Address PO BOX 831472			
Suite, Apt. #, etc. 				Suite, Apt. #, etc. 			
City & State MIAMI, Florida				City & State MIAMI, FL			
Zip 33173		Country U.S.A.		Zip 33203-1472		Country 	
4. FEI Number APPLIED FOR				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LAMCHICK, BRUCE ESQ 9130 S. DADELAND BLVD SUITE 1101 MIAMI, FL 33156				7. Name and Address of New Registered Agent Name Reyes-Vinas Marielena Street Address (P.O. Box Number is Not Acceptable) 10140 SW 60 ST City MIAMI FL Zip Code 33173			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE:							
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REYES-VINNS, MARICLENA <input checked="" type="checkbox"/> Delete POB 831472 MIAMI, FL 33283			TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Reyes-Vinas Marielena 10140 SW 60 ST MIAMI, FL 33173		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: 							
Date: _____ Daytime Phone: _____							