


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS		APPROVED AND FILED 1997 MAR 20 PM 3:11 SECRETARY OF STATE TALLAHASSEE, FLORIDA 200002122752--3 -03/24/97--01205--006 ***1245.00 ***1245.00 DO NOT WRITE IN THIS SPACE	
DOCUMENT # P 13614 1. Corporation Name K L N INVESTMENTS, INCORPORATED			
Mailing Address 2701 N.E. 165th ST. NO. MIAMI BEACH FLORIDA 33160		Principal Place of Business 2701 N.E. 165th ST. NO. MIAMI BEACH FLORIDA 33160	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Mailing Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	
		4. Date Incorporated or Qualified To Do Business in Florida 03/16/1987	
		5. FEI Number 59-2766251 Applied For Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	LEVY, JACK	2701 NE 165th ST.	NO. MIAMI BCH, FL 33160
V/D	NEGRIN, VIVIANE	5 PLACE VILLE MARIE	MONTREAL QUEBEC CANADA
S/T/D	KUPELIAN, KEN	5 PLACE VILLE MARIE	MONTREAL QUEBEC, CANADA

REINSTATEMENT

8. Name and Address of Current Registered Agent LEVY, JACK 2701 N.E. 165th ST. NO. MIAMI BEACH, FL 33160		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL	
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *Jack Levy* REGISTERED AGENT MUST SIGN Date: 03/01/97

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: *Jack Levy* PRESIDENT/DIRECTOR Date: 03/01/97 Daytime Phone #: 305-947-4171

CR2E040 (6/94)