

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC 19 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P36677
1 Corporation Name FLK II, Inc.

Principal Place of Business Mailing Address
1050 North State
Chicago, IL 60610

REINSTATEMENT 1996
mwb

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2 New Principal Office Address, If Applicable Cheeca Lodge		3 New Mailing Address, If Applicable c/o Wajih Sleiman		4. Date Incorporated or Qualified To Do Business in Florida 12/13/91	
Suite, Apt. #, etc 81801 Overseas Hwy Mile Marker 82		Suite, Apt. #, etc. One Prado Secoya		5. FEI Number 36-3793359	
City & State Islamorada, FL		City & State Atherton, CA		Applied For <input type="checkbox"/>	
Zip 33036		Zip 94027		Not Applicable <input type="checkbox"/>	
Country USA		Country USA		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>\$8.75 Additional Fee required for Certificate of Status</small>	

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
Pres. Dir.	Wajih Sleiman	One Prado Secoya	Atherton, CA 94027
Sec'y	Elias Semaan	129, Avenue Charles de Gaulle	92521 Neuilly-Sur-Seine Cedex, France

800002039228--0
-1272796--01054--008
****383.75 ****383.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Corporation Service Company 1201 Hayes Street Tallahassee, FL 32301		Name CT Corporation System	
		Street Address (P.O. Box Number is Not Acceptable) 660 East Jefferson Street	
		Suite, Apt. #, Etc.	
		City Tallahassee	State FL
		Zip Code 32301	

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: Connie Bryan **CONNIE BRYAN**
SPECIAL ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN Date: 12/19/96

11. 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.)

12 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: Wajih Sleiman **WAJIH SLEIMAN** Date: DEC 17, 1996 (415)323 6656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR26040 (1/2/95)