

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000014085			
1. Corporation Name  KINGS ELECTRONICS, INC. <i>W99000017684</i>			
Principal Place of Business 19510 N.E. 18TH COURT MIAMI FL 33179		Mailing Address P.O. BOX 3282 HALLANDALE, FL 33008-3282	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida		02/17/93	
5. FEI Number		Applied For	
65-0386133		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$0.75 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)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	MACLOUF BITTON	19510 N.E. 18TH COURT	MIAMI, FL 33179
D	MONIKA BITTON	19510 N.E. 18TH COURT	MIAMI, FL 33179
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
MACLOUF BITTON 19510 N.E. 18TH COURT MIAMI, FL 33179		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	
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 <i>Bitton Maclof</i>		Date <i>7-20-1999</i>	
REGISTERED AGENT MUST SIGN			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for Information on Intangible tax.)			
12. 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 name of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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: <i>Bitton Maclof</i>		Date <i>7-20-1999</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

FILED

99 AUG 13 PM 12:17

FLORIDA DEPARTMENT OF STATE  
HALLANDALE, FLORIDA

REINSTATEMENT

*96-99*

*500002966175--3*  
*-08/23/99--01006--011*  
*\*\*\*\*700.00 \*\*\*\*700.00*  
*500002966175--3*  
*-08/23/99--01006--012*  
*\*\*\*\*500.00 \*\*\*\*500.00*

CREATING (1/98)

KE