

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

12 JAN 11 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100243569321
01/11/13--01027--001 **908.75

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida JANUARY 14, 1994

5. FET Number 65-0460081
Applied For Not Applicable

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

7. Name and Address of Current Registered Agent

Name BURTON M. KATZ
Street Address (P.O. Box Number is Not Acceptable)
6572 EASTPOINTE PINES
Suite, Apt. #, Etc.
City PALM BEACH GARDENS State FL Zip Code 33418

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 Burton M. Katz Date 1/8/13
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/D	BURTON M. KATZ	6572 EASTPOINTE PINES	PALM BEACH GARDENS FL 33418
VP/D	ROBERT P. KATZ	9658 WEST 116TH ST.	OVERLAND PARK KS 66210
T/S/D	JOANNE B. KATZ	6572 EASTPOINTE PINES	PALM BEACH GARDENS FL 33418

10. E-mail Address: PLEASE REMOVE ANY E-MAIL - HAVE NO COMPUTER
(To be used for future annual report notification)

11. 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. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Burton M. Katz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/13 561-624-6026
Date Daytime Phone #