PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
02 MAY -7 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000223607

1. Corporation Name
Kontinu Inc

2. Principal Office Address	**3.** Mailing Office Address
5102 NW 43 Ave	5102 NW 43 Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coconut Creek, Fl	City & State: Coconut Creek
Zip: 33073 Country: USA Broward	Zip: 33073-2932 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 3/21/94

5. FEI Number: 65-0487718 ☐ Applied For ☐ Not Applicable

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

7.- Name and Address of Current Registered Agent

Name: Karen Cotherman

Street Address (P.O. Box Number is Not Acceptable): 5102 NW 43 Ave

Suite, Apt. #, Etc.:

City: Coconut Creek State: FL Zip Code: 33073

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****450.00 ****450.00

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: K Cotherman Date: 4/29/02
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
Pres	Kathy Falk	1500 S Ocean Blvd #1005	Pomp Bch, FL 33062

10. 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 names 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: K Falk Kathy Falk 4/16/02 (954)491-1620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

gp 5/15/02

Fl. Secretary of State

To Whom it may concern,

We moved our offices & registered agent & have not recieved our papers for filing. We would like to pay the fees & re-activate the status.

Kindest regards,

Kathy Falk

Kathy Falk, President
Kontinu Inc.