


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P94000059283 1. Entity Name KENDALL 138, INC.	
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Principal Place of Business 2665 S BAYSHORE DR SUITE 1200 MIAMI, FL 33133	Mailing Address 2665 S BAYSHORE DR SUITE 1200 MIAMI, FL 33133
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

07 NOV 29 8:21 AM
 FALLS BREEZE STATE
 FLORIDA



11272007	REIN-P	CR2E098 (1/07)
4. FEI Number 65-0532709		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BERKOWITZ, JEFFREY L 2665 S BAYSHORE DR SUITE 1200 MIAMI, FL 33133	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ (NOTE: Signature and typed or printed name of signing officer or director) Date: **11/27/2007** Daytime Phone #: **305-854-2800**