

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAY 23 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000001754

1. Corporation Name

MICHAEL KAESTNER ENTERPRISES INC

REINSTATEMENT

03-03

600016674708

04/22/03--01064--025 **1200.00

2. Principal Office Address

5363 PALMETTO STREET

Suite, Apt. #, etc.

City & State

FORT MYERS BEACH FL

Zip

33931

Country

USA

3. Mailing Office Address

5363 PALMETTO STREET

Suite, Apt. #, etc.

City & State

FORT MYERS BEACH FL

Zip

33931

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

1/05/95

5. FEI Number

65-0549596

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

MICHAEL KAESTNER

Street Address (P.O. Box Number is Not Acceptable)

5363 PALMETTO STREET

Suite, Apt. #, Etc.

City

FORT MYERS BEACH

State

FL

Zip Code

33931

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

8-21-03

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 |
|--------|--------------------------------------|---|---------------------------|
| D | MICHAEL KAESTNER | 5363 PALMETTO STREET | FORT MYERS BEACH FL 33931 |
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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:

[Signature]

MICHAEL KAESTNER

Date

4-5-03

Daytime Phone #

239 423.5276

CR2E081 (10/02)