PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 DEC 8 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000010495

1. Corporation Name

KEMANDA COMMERCIAL INVESTMENTS, INC.

REINSTATEMENT 99

Principal Place of Business	Mailing Address
~~2000 BANKS ROAD~~	~~2000 BANKS ROAD~~
~~#222~~	~~#222~~
~~MARGATE FL 33063~~	~~MARGATE FL 33063~~

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
4415 Federal Hwy	4415 Federal Hwy
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Deerfield Beach FL	City & State: Deerfield Beach
Zip: 33441 Country: US	Zip: 33441 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 02/07/1995

5. FEI Number: 65-0571433 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED: X

SP

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
~~P~~	~~SUHANDRON, KENNETH~~	~~2000 BANKS ROAD, #222~~	~~MARGATE FL 33063~~
Pres.	SALTEK, Brett	4415 Federal Highway	Deerfield Beach, FL 33441

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****758.75 ****758.75

8. Name and Address of Current Registered Agent

SUHANDRON, KENNETH
2000 BANKS ROAD
#222
MARGATE FL 33063

9. Name and Address of New Registered Agent

Name: Salter, Brett
Street Address (P.O. Box Number is Not Acceptable): 4415 Federal Hwy
Suite, Apt. #, Etc.:
City: Deerfield Beach State: FL Zip Code: 33441

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: [signature] Date: 12/7/99

REGISTERED AGENT MUST SIGN

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., 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] 12/7/99 (954) 418-8300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Brett Salter, President