PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham **FOR** ECRETARY OF STATE Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS DIVISION OF CORPORATIONS P95000030441 DOCUMENT # 97.NOV 24 AM B: 09 1. Corporation Name **SOUTH FLORIDA KINETICS, INC.** Principal Place of Business Malling Address 11190 BISCAYNE BLVD. 11190 BISCAYNE BLVD. SUITE 303 SUITE 303 **MIAMI FL 33181 MIAMI FL 33181** REINSTATEMENT 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 Date Incorporated or Qualified To Do Business in Florida 04/13/1995 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number 65-0576115 Applied For City & State City & State Not Applicable \$8.75 Additional Fee required for a Certificate of Status Zip Country Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Title(s) and/or Directors Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip Krinsky, Lisa D 20955 N.E. 34TH COURT, #821 MIAMI TE 16400 Collins Avenue #744 Miami Beach, FL 33161 7000235823 -11/26/97--0108 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Danielle Brackett, ESQ Street Address (P.O. Box Number Is Not Acceptable) 13885 N.E. 10TH AVE. 3411 Powerline Road #701 Suite, Apt. #, Etc. 14MI-FL-90101 City Ft. Lauderdale State Zip Code 33309 10. I, being appointed the registered agent of the above named corporation, am Jamiliar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Date 11/17/97

12. 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.

Yes KX

SIGNATURE:

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JUST CHUNIS A Krinsky

11. This corporation owes or has paid the current year

Intangible Personal Property tax due June 30.

REGISTERED AGENT MUST SIGN

10/27/97

305-895-0304

(See other side for information

on intangible tax.)

Daytime Phone #

Date