PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV -1 PM 3: 43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2004

DOCUMENT # P95000036236

1. Corporation Name

Kings Point Resales & Rentals, Inc.

7146 Nob Hill Road

2. Principal Office Address	**3.** Mailing Office Address 7146 Nob Hill Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Tamarac, Florida	City & State Tanarac, Florida

Zip 33321	Country USA	Zip 33321	Country USA

4. Date Incorporated or Qualified
To Do Business in Florida 5/4/95

5. FEI Number 650649721	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
Alan Oshins

Street Address (P.O. Box Number is Not Acceptable)
7146 Nob Hill Road

Suite, Apt. #, Etc.

City Tamarac	State FL	Zip Code 33321

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 _____ REGISTERED AGENT MUST SIGN

Date 10/27/04

CR2E081 (01/04)

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	Alan Oshins	7146 Nob Hill Road	Tamarac, Florida 33321
D	Roni Oshins	7146 Nob Hill Road	Tamarac, Florida 33321

100042362601
11/01/04--01066--016 **750.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/04
Date

954-722-4111
Daytime Phone #