


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS</b>		<div style="font-size: 2em; font-weight: bold; margin: 10px 0;">FILED</div> <div style="margin: 5px 0;">98 AUG 31 AM 11:22</div> <div style="margin: 5px 0;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> <div style="margin: 10px 0; font-weight: bold;">600002634926--0</div> <div style="margin: 5px 0;">-09/09/98--01033--028</div> <div style="margin: 5px 0;">***1058.75 ***1058.75</div> <div style="margin: 5px 0; font-size: 0.8em;">DO NOT WRITE IN THIS SPACE</div>			
<b>DOCUMENT #</b> P95000045268 1. Corporation Name  KAMALY, INC.		If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
<b>Mailing Address</b>  17 SW 8 CT HALLANDALE, FL 33009						<b>Principal Place of Business</b>  17 SW 8 CT HALLANDALE, FL 33009	
2. New Mailing Address, If Applicable 1461 S. OCEAN BLVD. Suite, Apt. #, etc. 309 City & State POMPAÑO BEACH, FL Zip 33062 Country U.S.A.						3. New Principal Office Address, If Applicable 1461 S. OCEAN BLVD. Suite, Apt. #, etc. 309 City & State POMPAÑO BEACH, FL Zip 33062 Country U.S.A.	
4. Date Incorporated or Qualified To Do Business in Florida  06/06/95		5. FEI Number 650656619		Applied For  Not Applicable			
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$75 Additional Fee required for a Certificate of Status					
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)							
1	2	3	4	5	6		
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip				
PRES/ DIR.	SICOLI, NORMA C.	1754 SW 39TH STREET	OAKLAND PARK, FL 33309				
8. Name and Address of Current Registered Agent  NORMA C. SICOLI 17 SW 8TH COURT HALLANDALE, FL 33009			9. Name and Address of New Registered Agent Name NORMA C. SICOLI Street Address (P.O. Box Number is Not Acceptable) 1754 NW 39TH STREET Suite, Apt. #, Etc.  City OAKLAND PARK State FL Zip Code 33309				
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 <i>Norma Sicoli</i> Date 8/28/98 REGISTERED AGENT MUST SIGN							
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information.)							
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)							
13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: <i>Norma Sicoli</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			NORMA C. SICOLI PRESIDENT 8/28/98 954-782-6911 Date Daytime Phone #				

CP20040 (6/94)