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06 FEB 28 P 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000051311

1. Corporation Name
KAB Advisors, Inc.

REINSTATEMENT 96-06

CR2E081 (8/05)

2. Principal Office Address	3. Mailing Office Address
4021 Gulfshore Blvd, N	
Suite, Apt. #, etc.: 401	Suite, Apt. #, etc.
City & State: Naples, Florida	City & State
Zip: 33940 Country: U.S.A	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: June 29, 1995

5. FEI Number: 58-2345407 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Andrew J. Czekaj

*Street Address (P.O. Box Number is Not Acceptable): 4021 Gulfshore Blvd, N

Suite, Apt. #, Etc.: 401

City: Naples State: FL Zip Code: 33940

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Andrew J. Czekaj Date: 2/28/06

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Andrew J. Czekaj	4021 Gulfshore Blvd, N	Naples, Florida 33940
Secretary	Andrew J. Czekaj	4021 Gulfshore Blvd, N	Naples, Florida 33940
Asst Secretary	Margaret Banks Czekaj	4021 Gulfshore Blvd, N	Naples, Florida 33940
Sole Director	Andrew J. Czekaj	4021 Gulfshore Blvd, N	Naples, Florida 33940

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: Andrew J. Czekaj 2/28/06 703-709-0866

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

Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

KAB ADVISORS, INC.

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