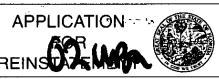
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000068505

1. Corporation Name

KDS COASTAL, INC.

Principal Place of Business

Mailing Address

6815 S. ORANGE AVE ORLANDO FL 32809 6815 S. ORANGE AVE ORLANDO FL 32809 FILED

02 DEC 20 AM 10: 29

TALLAHASSEE. FLORIDA



If above a	addresses are	incorrect in any way, line t	hrough incorrect i	nformation a	and enter correction belo	ow.					
New Principal Office Address, If Applicable				ing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 09/06/1995				
Suite, Apt. #, etc. Suite, Apt. #				, etc.			5. FEI Number		1	Applied For	
City & Stat	e		City & State	City & State				59-3332462		Not Applicable	
Zip Country			Zip		Country		6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee require for a Certificate of Status				
7. Names	and Street Ad	ldresses of Each Officer ar	d/or Director (Flo	orida nonpro	fit corporations must lis	t at lea	ast 3 directors)				
Title(s) Name of Officers and/or Directors				Street Address of E Officer and/or Dire							
P	SCHURZ, KLAUS D			6815 S ORANGE AVE				ORLANDO FL 32809			
	,			000009614820 12/20/0201034001 **150					0.00		
				120/2W							
						1	3				
	ne and Address of Currer	nt Registered Ag	None	9. Name and Address of New Registered Agent Name							
THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 343 ALMERIA AVENUE CORAL GABLES FL 33134					Street Address (P.O. Box-Number is Not Acceptable)				10		
					Suite, Apt. #, E		GS155 Drance Ave				
					City			rando K FL 32809			
10. I, being	g appointed th	e registered agent of the a	bove named corp	oration, am	familiar with and accept	t the o	bligations of Secti	ion 607.0505, F.S. or 617.0	505, F.S.	,	
Signature o	of Accept	SIGHA	TORK	/ NiNE	QUIRE	D		Date			
i iogisioi eu	. Agent		REGISTERED AC	SENT MUST	SIGN			Date			
11 Loortife	that I am an	officer or director or the rec	eiver or trustee e	mnowered to	a execute this application	n ac 1	provided for in abs	enter 607 or 617 ES I furth	or cortifu t	hat when filing	

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.

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

SIGNATURE:

SIGNATURE AND TWPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

te Daytime Phone #

12/16/2002

FLORIDA DEPT. OF STATE

In reference to enclosed notice, we were never notify of original notice. Therefore please accept This \$150.00 and change the register agent to Klaus Schurz 6815 S Orange Ave. Orlando, Fl 32809 Thank you for you help.

KDS Coastal