

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 DEC 27 PM 2: 33

SECRETARY OF STATE

Read Instructions on Other Side Before Making Entries
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # 095000079503
A & K ENTERPRISES OF MIAMI, INC.
20613 NORTHWEST 3rd AVENUE
MIAMI, FLORIDA 33169

2. If Address is incorrect in any way, enter the correct address below:

Address
N/A
City and State Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address
N/A
City and State Zip Code

4. Date Incorporated or Qualified To Do Business in Florida: 10/17/95
5. FEI Number: 65-0625039
FEI Number Applied For: _____
FEI Number Not Applicable: _____
6. SB 75 Additional Fee required for a Certificate of Status:
CERTIFICATE OF STATUS DESIRED:

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

1. Titles	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D	ROBERTHA PALMER	20613 N.W. 3rd AVENUE	MIAMI, FLORIDA 33169
D	LAWRENCE B. HOWARD	20613 N.W. 3rd AVENUE	MIAMI, FLORIDA 33169

500002046045-2
-01/03/97-01182-006
***375.00 ***375.00

REGISTERED AGENT INFORMATION

9. If changed, new registered agent / office

Name: **REINSTATEMENT** 9600
Street Address (Do NOT Use P.O. Box Number): _____
Street Address (Do NOT Use P.O. Box Number): _____
City: _____ State: FL Zip: _____

8. Name and Address of Current Registered Agent

ROBERTHA PALMER
20613 N.W. 3rd AVENUE
MIAMI, FLORIDA 33169

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: Robertha Palmer, President Date: Dec. 18, 1996
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 (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 No (See other side for information on intangible tax.)

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 of Officer or Director: Robertha Palmer, Pres. Date: 12/18/96 Daytime Phone #: (305) 654-7898

Type or printed name of signing officer or director