


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		APPROVED AND FILED 98 DEC 15 AM 10:06 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P95000085594					
1. Corporation Name KFAS, Co.					
Principal Place of Business 354 Hiatt Drive Palm Beach Gardens, Florida 33418		Mailing Address same as place of business			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable 354 Hiatt Drive Suite, Apt. #, etc.		3. New Mailing Address, If Applicable 354 Hiatt Drive Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 11/07/95	
City & State Palm Beach Gardens, FL		City & State Palm Beach Gardens, FL		5. FEI Number 65-0694258	
Zip 33418		Country 33418		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 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)					
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		
P	Marc J Abrams	354 Hiatt Drive	Palm Beach Gardens, Florida 33418		
V	Robert Sayre	354 Hiatt Drive	Palm Beach Gardens, Florida 33418		
8. Name and Address of Current Registered Agent Steven Friedman 354 Hiatt Drive Palm Beach Gardens, Florida 33418			9. Name and Address of New Registered Agent Name Steven Friedman Street Address (P.O. Box Number is Not Acceptable) 354 Hiatt Drive Suite, Apt. #, Etc. City Palm Beach Gardens State FL Zip Code 33418		
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 <u>Steven Friedman</u> Date <u>12-14-98</u> REGISTERED AGENT MUST SIGN					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)					
12. 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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>12-14-98</u> <u>842-999</u>		

CR2E040 (12/95)