PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

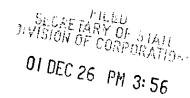
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P9600002079	2
DOCUMENT #	PSOUUL	ルレビロイラ

1. Corporation Name

KAFKA, INC.



Principal Place of Business Mailing Address		1 1 00 11 00 1110	I 18110 Burb Book Conk Dokk Dokk Italia	EBIKI 18010 IBIKO KIDI KON			
1464 WASHINGTON AVE 1464 WASHIN MIAMI BEACH FL 33139 MIAMI BEACH							
US			d enter correction below	TORRE	ATERAISINT!	3	
If above addresses are incorrect in any way, line three	ough incorrect in	formation and	d enter correction below.	TELF-67, 81			
New Principal Office Address, If Applicable	New Mailing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 03/06/1996				
Suite, Apt. #, etc. Suite, Apt. #,		etc. 5. FEI NU		5. FEI Number		Applied For	
City & State City & State					65-0648585	Not Applicable	
Zip Country	Zip		Country	6. CERTIFICATE		5 Additional Fee required ir a Certificate of Status	
7. Names and Street Addresses of Each Officer and	or Director (Flor	rida nonprofit	corporations must list at lea	st 3 directors)			
Title(s) Name of Officers and/or Directors	le(S) and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip		
PSVT GAVIRIA, LUIS E			HINGTON AVE	MIAMI BEACH FL 33139			
D GAVIRIA, LUIS E	GAVIRIA, LUIS E 1464 W		64 WASHINGTON AVE		MIAMI BEACH FL 33139		
8. Name and Address of Current	Registered Age	nt		ph	00004765 -01/10/02 0 :****750.00	1065088 ****750.00	
			Name CAN/	010 11	16 %	e e e e e e e e e e e e e e e e e e e	
GAVIRIA, LUIS E 1464 WASHINGTON AVE MIAMI BEACH FL 33139			146	Street Address (P.O. Box Number is Not Acceptable) 1464 WASHINGTON AVE Suite, Apt. #, Etc.			
ž	i -		City MIA	IMI BEA	State FL	Zip Code - 33139 -	
Signature of Registered Agent 11. I certify that I am an officer or director or the receithis reinstatement application, the reason for disse	EGISTERED AGI	ENT MUST S	QUIRED SIGN execute this application as p	provided for in cha	Date	certify that 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

12/14/01

(305)207-6964

Daytime Phone #