PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

97 DEC 16 AM 10:10

SECRETARY OF STATE TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

800002875658--0
-12/17/97--01107--012
****750.00 ****750.00

DOCUMENT # P96000049445

1. Corporation Name
The KAPLAN GROUP INC
~~6[illegible] NW 66TH COURT~~
~~COCONUT SPRINGS, FLORIDA 33067~~

Principal Place of Business / Mailing Address
2201 West Sample Road
#9
Suite 5B
Pompano Beach, FL 33073

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: June 10, 1996

5. FEI Number: 65-0686455 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $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)

1 Title(s)	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
P/S/D	Borden Barrows	~~6920~~ Annapolis Court ~~[illegible]~~	Parkland, FL 33067
VP/T/D	Len Fellez, JR.	10571 NW 66th Street	Parkland FL 33076

STATEMENT 12/10/97

8. Name and Address of Current Registered Agent
Jeffrey Klein
2600 N. Military Trail #270
Boca Raton, Florida 33431

9. Name and Address of New Registered Agent
Name: Jeffrey Klein
Street Address (P.O. Box Number is Not Acceptable): 23123 S.R. 7 ~~Suite 200 B~~
Suite, Apt. #, Etc.: Suite 350-B
City: Boca Raton State: FL Zip Code: 33428

CR2E040 (12/95)

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: [signature] REGISTERED AGENT MUST SIGN Date: 12/10/97

11. 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.)

12. 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: X [signature] Len J. Fellez, Jr. 12/10/97 (954)9733288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #