


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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<b>CORPORATION REINSTATEMENT</b> <b>00-02 4312</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Jim Smith</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P96000063909</b>					
<b>1. Corporation Name</b> KMA Properties, Inc.					
<b>2. Principal Office Address</b> 612 East Church Street Suite, Apt. #, etc.			<b>3. Mailing Office Address</b> Suite, Apt. #, etc.		
City & State Orlando, Florida			City & State		
Zip 32801	Country USA	Zip	Country		

**FILED**  
02 DEC 13 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

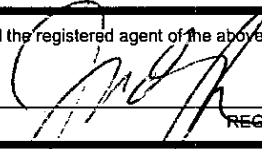
000009735940  
12/30/02--01020--025 \*\*450.00

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 7/31/1996	
<b>5. FEI Number</b> 59-3404644	<b>Applied For</b> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

<b>7. Name and Address of Current Registered Agent</b>		
Name Judy M. Shaw		
Street Address (P.O. Box Number is Not Acceptable) 612 East Church Street		
Suite, Apt. #, Etc.		
City Orlando	State FL	Zip Code 32801

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent



REGISTERED AGENT MUST SIGN

Date 12-12-02

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

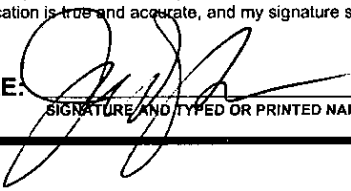
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres. ,	Judy M. Shaw	612 East Church Street	Orlando, Florida 32801
Sec.			
Treas.			
& Dir.			

00-02 4312

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**10. 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:**



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-12-02

Daytime Phone #

407 718-2213

CR2E081 (9/01)

# KATZ, KUTTER, ALDERMAN, BRYANT & YON

PROFESSIONAL ASSOCIATION

ATTORNEYS AND COUNSELORS AT LAW

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Reply to: Orlando Office

December 12, 2002

Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

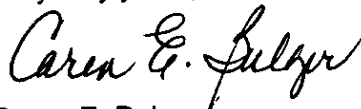
Re: Corporation Reinstatement and Change of Registered Agent - KMA Properties, Inc.

Ladies and Gentlemen:

Pursuant to our telephone conversation today, enclosed is a Corporation Reinstatement form for the above-referenced corporation. Also enclosed is Check No. 562 issued by Judy Shaw in the amount of \$450.00 to cover the filing fee(s). This represents \$150 per year for years 2000, 2001 and 2002, respectively. Also enclosed is a Statement of Change of Registered Office or Registered Agent or Both for Corporations. Please process these two documents and return a date-stamped copy of the cover letter to our office in the enclosed stamped, self-addressed envelope.

If you have any questions or comments with respect to the enclosed, please contact the undersigned at your earliest convenience.

Very truly yours,



Caren E. Bulger  
Assistant to Suzan A. Abramson

/cb  
Enclosures

cc: Judy M. Shaw