	.⊸ P LEASE READ	ALL INSTRUCTION	ONS BEFORE	COMPLETIN	NG THIS4FÖRMVEC	g lefz
CORPOR		LO DA EPART	A A		FILED	
REINSTAT	De Histard	Secretary DIVISION OF CO	RPORATIONS	1	00 HAY -8 AH 8: 4	2
1. Corporation Nam	NT # P9600 ndall Kitz	0067039	(3)		SECRETARY OF STATE TALLAHASSEE, FLORID	E. A.
10705 SW 216th St. 5		3. Mailing Office Address 5950 SW				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. Date Incorpora	rated or Qualified 8. 99-0	
City & State	Forida	Zip	Porida	5FEI Number - 05 - 0	702215 N	oplied For
33170	USA	33156	USA		F STATUS DESIRED for a Certifica	
Name Street	Sco H C · 1 Address (P.O. Box Number is N 10705 3 W	Dunstac	dress of Current Registe		0003274770 -06/02/0001021 ****450.00 *****4	i i 17 30.00
	Apt. #, Etc. MIAMI				State Zip Code 33(70	
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 Date REGISTERED AGENT MUST SIGN						
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 Eac Officer and/or Directo		City / State / Zip	
Pres-Scott C. Dunstan _ 5950-5W-113-Street Miami, fr. 33156-						
hes. Sta	cey L. Duns	stan 5950	SW 113 5	street 1	Miami, FZ 33	3156
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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 33100 786-242-3655 Dayline Phone #						

Pa Zofz

KENDALL KITCHENS, INC.

10705 S.W. 113 th Street Miami, Florida 33170 Phone (786) 242-3655 Fax (786)242-3651

April 16, 2000

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida-32314

Dear Florida Department of State,

I am writing to you on behalf of my company, Kendall Kitchens, Inc. We recently found out that our corporation had been dissolved. I immediately sent for a reinstatement form to rectify the situation. Nevertheless, I had forwarded the mail but still never received the corporation form.

Kendall Kitchens, Inc. would like to request an abatement of penalty for the reinstatement. This is the only time we had ever been late and the first time ever requesting an abatement.

We apologize for any inconvenience this has caused. If there is anything further we need to do please give us a call or mail us at our new address:

10705 S.W. 113TH Street Miami, Florida 33170 (786) 242-3655

Sincerely

Scott C. Dunstan

Owner