PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

~~APPLICATION FOR REINSTATEMENT~~

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

Annual Reports for the years 98 & 99.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 MAR 22 AM 11:24

DOCUMENT # P97000013441

1. Corporation Name

KSP Managers, Inc.

Principal Place of Business	Mailing Address
407 Lincoln Road **Suite #704** **Miami Beach, FL 33139**	**407 Lincoln Road** **Suite #704** **Miami Beach, FL 33139**

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
407 Lincoln Rd.	407 Lincoln Rd.
Suite, Apt. #, etc # 704	Suite, Apt. #, etc # 704
City & State Miami Beach, FL	City & State Miami Beach, FL
Zip 33139 Country USA	Zip 33139 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 2/11/97

5. FEI Number 65-0735656 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	Lyle Stern	407 Lincoln Rd - #704	Miami Beach, FL 33139
D	Bruce H. Koriwer	407 Lincoln Rd - #704	Miami Beach, FL 33139
98	61.25 88.75		700002819087--7 -03/26/99--01004--017 ****300.00 ****300.00
99	61.25 88.75		
			dcc

8. Name and Address of Current Registered Agent

AZ Registered Agent Corp.
2601 Bayshore Dr.
Suite# 1600
Miami, FL 33133

9. Name and Address of New Registered Agent

Name: Mark Hollander
Street Address (P.O. Box Number is Not Acceptable): 9700 S. Dixie Hwy
Suite, Apt. #, Etc: #900
City: Miami. State: FL Zip Code: 33156

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: Mark Hollander
REGISTERED AGENT MUST SIGN

Date 3-10-99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: Lyle B. Stern 3/18/99 (305) 532-6100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (1-98)