

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAR 31 PM 3:20

DOCUMENT # P97000015782

1. Corporation Name

ROBERT M. KANE, INC

REINSTATEMENT 99-00

2. Principal Office Address

349 PELICAN WAY

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL

Zip Country

FL 33483 PALM BEACH

3. Mailing Office Address

349 PELICAN WAY

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL

Zip Country

33483 PALM BEACH

4. Date Incorporated or Qualified To Do Business in Florida

2-14-97

5. FEL Number

65-0743761

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ROBERT M. KANE

800003203848-1

Street Address (P.O. Box Number is Not Acceptable)

349 PELICAN WAY

-04/11/00--01039--020

*****500.00 *****500.00

Suite, Apt. #, Etc.

City

DELRAY BEACH

State

FL

Zip Code

33483

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

[Signature]

Date 3-29-00

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 Each Officer and/or Director	City / State / Zip
PRES	ROBERT M. KANE	349 PELICAN WAY	DELRAY BEACH, FL 33483
VICE PRES	LUNN J. KANE	349 PELICAN WAY	DELRAY BEACH, FL 33483

AD

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] ROBERT M. KANE

3-29-00

561-226-6340

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E081 (9/99)