

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 FEB 20 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000064004

1. Corporation Name:

Kane Communities, Inc.

2. Principal Office Address

15 8th St

3. Mailing Office Address

15 8th Street

Suite, Apt. #, etc.

B

Suite, Apt. #, etc.

B

City & State

Bonita Springs

City & State

Bonita Springs, FL

Zip

34134

Country

USA

Zip

34134

Country

USA

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****908.75 ****908.75

4. Date Incorporated or Qualified
To Do Business in Florida

07/1997

5. FEI Number

650771589

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

Diamond, Lawrence J Akerman, Link & Sartory, P.A.

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

222 Lakeview Ave., ste 1250

Suite, Apt. #, Etc.

1250

City

West Palm Beach, FL

State

FL

Zip Code

33401

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

Lawrence J. Diamond

REGISTERED AGENT MUST SIGN

Date

2-15-01

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
PST	Leif E. Metsch	9432 Peabody Court	Boca Raton
VP	Donald A. Sands	The Highlands	Seattle, Wa

REINSTATEMENT 06-01

TS

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

2-15-01

Date

941-948-7042

Daytime Phone #