


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAY 27 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

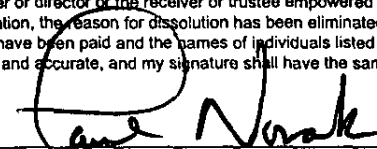
CORPORATION REINSTATEMENT 00-07		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000082839			
1. Corporation Name KAVON ENTERPRISES, INC.			
2. Principal Office Address 1 Chase Hollow Lane		3. Mailing Office Address 1 Chase Hollow Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Glastonbury, Ct.		City & State Glastonbury, Ct.	
Zip 06033	Country Hartford	Zip 06033	Country Hartford

4. Date Incorporated or Qualified To Do Business in Florida 9/24/97	
5. FEI Number 061502322	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name BRUCE D. NOVAK	
Street Address (P.O. Box Number is Not Acceptable) 4060 N. E. 16th Avenue	
Suite, Apt. #, Etc.	
City Oakland Park	State FL
Zip Code 33334	

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 May 20, 2003
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
P	BRIAN L. NOVAK	4321 Bougainvilla Drive	L.B.T.S. Fla. 33308
S	JENNIFER NOVAK LECKOWICZ	1 Chase Hollow Lane	Glastonbury, Ct. 06033
T	BRUCE D. NOVAK	4060 N.E. 16th Ave.	Oakland Park, Fla. 33334
D	PAUL NOVAK	Sea Ranch Condo C 4900 N. Ocean Drive	L.B.T.S. Fla. 33308

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: 	PAUL NOVAK (Director)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	1-954-783-9994
Date	Daytime Phone #

CR2E081 (10/02)

91 5/28

Mr. Paul Novak
Kavon Enterprises, Inc.
191 Sherwood Drive
Glastonbury, Ct. 06033

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

Re: Kavon Enterprises, Inc. (Administrative Dissolved)

Dear Sir,--

It has come to our attention via the internet that Kavon Enterprises, Inc. has been administratively dissolved in October, 2002 for failing to file the 2002 Annual Report.

I am enclosing our check in the amount of \$600.00 as a "Reinstatement Fee". However I am requesting that this fee be waived for the following reasons:

1. We never received a copy of the 2002 Annual Report.
2. In researching the internet we discovered that the Principal Address used for Kavon Enterprises is incorrect. They show the mailing address to be 2929 East Commercial Blvd. (as verified by the copy enclosed.) We feel that is the reason we failed to receive our 2002 Annual Report.
3. We have other business entities and have never failed to pay our Annual Report fees on time.

Based on these facts I request a waiver of our Re-instatement Fee. I appreciate your sincere consideration in this matter.

Sincerely yours,

Kavon Enterprises, Inc.k


Brian Novak, President

P.S. Please send your reply to the following :

Mr. Paul Novak
Sea Ranch Condo C
4900 North Ocean Blvd.
Lauderdale By The Sea, Florida, 33308