PLEAȘE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION **FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P98000007740)
DOUGHLINE #		•

1. Corporation Name

KIPCO INTERNATIONAL, INC.

Principal Place of Business

755 ORRIN AVE

Mailing Address

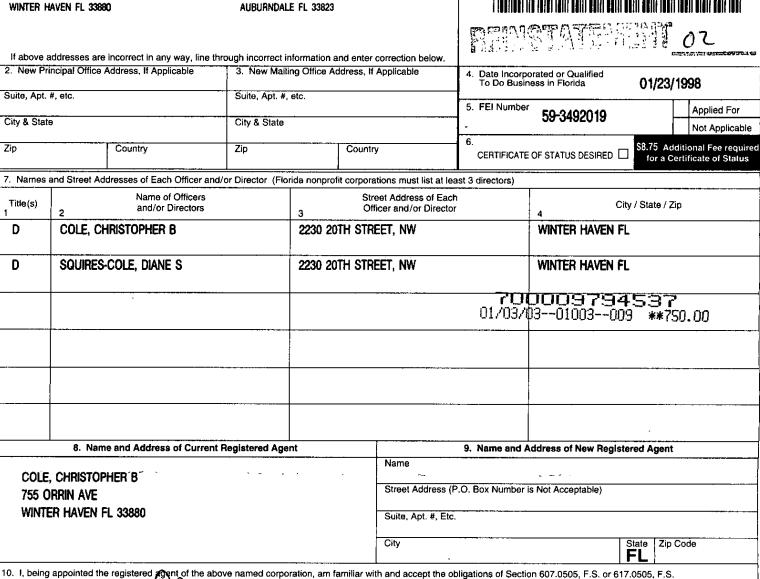
P.O. BOX 187

AUBURNDALE FL 33823

FILED

03 JAN -2 AM 9: 12

SECRETARY OF STATE TALLAHASSEE, FLORIDA



11.1 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 filling 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 of Registered Agent

REGISTERED AGENT MUST SIGN

Dec 2002 %