APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED

99 OCT 19 AM 7: 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000093866

1. Corporation Name

K'SIN TALENT AGENCY, INC.

Principal Place of Business	Mailing Address
296 NORTHWEST DRIVE MIAMI FL 33126	296 NORTHWEST DRIVE MIAMI FL 33126

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	4. Date Incorporated or Qualified To Do Business in Florida **11/05/1998**
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number **65-0874202** — Applied For / Not Applicable
City & State	City & State	6. CERTIFICATE OF STATUS DESIRED ☐ — $8.75 Additional Fee required for a Certificate of Status
Zip	Country	Zip	Country	

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 3	City / State / Zip 4
D	CASIN, ORLANDO M	296 NORTHWEST DRIVE	MIAMI FL 33126
			2000030267082---5 -10/27/99--01082--005 ****750.00 ****750.00
	REINSTATEMENT 99		

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
CASIN, ORLANDO M 296 NORTHWEST DRIVE MIAMI FL 33126	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City — State **FL** — Zip Code

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 X _____ REQUIRED
REGISTERED AGENT MUST SIGN   Date _____

11. 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: X _____ PRESIDENT   10/14/99   (305) 261-1717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E040 (5/99)