

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS



FILED

02 NOV 18 AM 10:17

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P99000006734**

1. Corporation Name
KAJAVA HOLDINGS, INC.

Principal Place of Business 7525 SW 84TH CT MIAMI FL 33178	Mailing Address 7525 SW 84TH CT MIAMI FL 33178
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200009045972
 11/18/02--01042--007 **150.00

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/19/1999	
City & State		City & State		5. FEI Number	
Zip		Country		65-1015577	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VPT	VAZQUEZ-ALDANA, RENE	7525 SW 84TH CT.	MIAMI FL 33143
PS	VAZQUEZ-ALDANA, ANA	7525 SW 84TH CT.	MIAMI FL 33143

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent			
VAZQUEZ-ALDANA, ANA 7525 SW 84TH CT. MIAMI FL 33143		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		Suite, Apt. #, Etc.			
		City		State	Zip Code
		FL			

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. or 617.0505, F.S.

Signature of Registered Agent: *Ana Vazquez-Aldana* **SIGNATURE REQUIRED** Date: 11/14/02
 REGISTERED AGENT MUST SIGN

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: *Ana Vazquez-Aldana* **SIGNATURE REQUIRED** Date: 11/14/02 Daytime Phone #: 305 471 3968
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2ED40 (8/02)

KAJAVA HOLDINGS, INC.
7525 S.W. 84TH COURT
MIAMI, FLORIDA 33143

November 14, 2002

Division of Corporations
Uniform Business Reports Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

RE; Kajava Holdings, Inc.
P99000006734

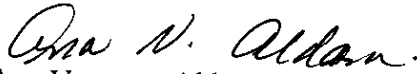
Gentlemen:

I am hereby enclosing the completed and signed Application for Reinstatement. I am also enclosing the applicable check in the sum of \$150 for the filing of said Reinstatement as I never did receive the two previous Uniform Business Reports notices.

I would appreciate your consideration in reinstating this corporation as soon as possible.

Thank you.

Respectfully submitted,


Ana Vazquez-Aldana