## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	<b>Kather</b> i Secreta	RTMENT OF STATE ine Harris ry of State corporations		FILE COLUNIS PHI	
DOCUMENT #POPOCOUDUS  1. Corporation Name			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
MortGAGE K	KING COR	poration			
2. Principal Office Address 120 OAKLAND PARK BUD 3. Mailing Office Address			REINST/	ATEMENT	000
Suite, Apt. #, etc.	Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida		
ty & State  Tlanderdale Fl  City & State		5. FEI Number		<u> </u>	Applied For  Not Applicable
33355 USA	Zip	Country	6.		itional Fee required
	7. Name and	Address of Current Register	red Agent		
Name RUSS PAPPALANDO -06/27/0101075024 Street Address (P.O. Box Number is Not Acceptable) *****700.00					
3800 GA Suite, Apt. #, Etc. 406	L+ OCEAI	N Drive			
Ft Alver	MAIP	<del></del>		L 33308	
8. I, being appointed the registered agent of the above names corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.					
Signature of Registered Agent Date 4/23/01  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	
Ates. Russ PAPPA	s. Russ Pappalando 3800		PAN Driv	e Ft Lauden	Jale, F1 33308
			Cibo	<b>00044481</b> -06/27/010107 ****158.75 **	
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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 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 accordate and my signature that have the same legal effect as if made under oath.					
1/11-	Lakela		و ليمل	1600-5	DI LIGHT
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					