FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

02 APR 11 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # P99000066068

1. Corporation Name KBW Properties Inc

0002

2. Principal Office Address	3. Mailing Office Address
243 32 ST North	243 32 ST North
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Petersburg FL	City & State: St. Petersburg FL
Zip: 33713 Country: Pinellas	Zip: 33713 Country: Pinellas

4. Date Incorporated or Qualified To Do Business in Florida: 6/19/99

5. FEI Number: 59-3698263 Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Kenneth B. Williams

Street Address (P.O. Box Number is Not Acceptable): 243 32 ST. North

Suite, Apt. #, Etc.

City: St. Petersburg FL State: FL Zip Code: 33713

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: Kenneth B. Williams Date: 4/10/02
REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Kenneth B. Williams	243 32 ST North	St. Petersburg FL 33713
VP	"	"	"
Sec	"	"	"
Tres	"	"	"

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: Kenneth B. Williams 4/10/02 727-409-7870
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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(((H02000080748 5)))

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)521-1030

CORPORATION REINSTATEMENT

KBW PROPERTIES, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
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JKG