PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

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

FILED
00 DEC 28 PM 3:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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DOCUMENT # P99000089608

1. Corporation Name
A.K.S. South West Florida. INC.

REINSTATEMENT 00

2. Principal Office Address
689 Ninth St North
Suite, Apt. #, etc.
1
City & State
Naples Florida
Zip 34102 Country Collier

3. Mailing Office Address
743 Bentwater Circle
Suite, Apt. #, etc.
4201 Pelican Bay
City & State
Naples Florida
Zip 34108 Country Collier

4. Date Incorporated or Qualified To Do Business in Florida 9-24-99

5. FEI Number FF Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name: SHARON M. ZUCCARO ESQ
Street Address (P.O. Box Number is Not Acceptable): 3461 Bonita Bay Blvd
Suite, Apt. #, Etc.: Suite 221 Bonita Springs
City: Florida State: FL Zip Code: 34134

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: Sharon M. Zuccaro Date: 12/27/00
REGISTERED AGENT MUST SIGN

CR2E001 (9/98)

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
Pres.	ALINA STANCIU	689 Ninth St North	Naples FL 34102
V.P.	ALINA STANCIU		
Sec.	ALINA STANCIU	same	same
Treasurer	ALINA STANCIU		

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: [signature] 12-20-00 941 262 5883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

KE