

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # *SL80008*

1. Corporation Name

KENA CORP

FILED

97 SEP 12 PM 1:10

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

c/o Pinchasik, Strongin, Muskat  
 Stein & Company  
 3225 Aviation Avenue, Suite 500  
 Miami, FL 33133

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

**REINSTATEMENT** *95-97*

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable  
 3225 Aviation Avenue

4. Date Incorporated or Qualified To Do Business in Florida

04/24/91

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
 500

5. FEI Number

65-0261620

Applied For

Not Applicable

City & State

City & State  
 Miami, FL

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

33133

USA

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres	Robert M. Scully, Jr.	3225 Aviation Ave #500	Miami, FL 33133
V.P.	Kenneth Knopf	13030 S.W. 60th Avenue	Miami, FL 33156

900002294489--7  
 -09/16/97--01055--024  
 \*\*\*1080.00 \*\*\*1080.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Mitchell A. Yelen, Esq.  
 3225 Aviation Avenue, Suite 500  
 Miami, FL 33133

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

*Mitchell A. Yelen*

REGISTERED AGENT MUST SIGN

Date

09/05/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No

(See other side for information on intangible tax.)

12. 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)(l), 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:

*Robert M. Scully* President Robert M. Scully

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Sept. 9, 1997

Daytime Phone #

(305) 858-5800

CR2E040 (12/96)