

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

99 NOV 22 PM 4:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S58667

1. Corporation Name

IFK, INC.

Principal Place of Business

Mailing Address

C/O BARRY M BRANT
1 SE 3RD AVE 15TH FLOOR
MIAMI FL 33131
US

C/O BARRY M BRANT
1 SE 3RD AVE 15TH FLOOR
MIAMI FL 33131
US

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

08/07/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0284084

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED \$575 Additional Fee required for Certificate of Status

Zip

Country

Zip

Country

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	4 City / State / Zip
DPS	DAVIDSSON, LARS	190 CASABLANCA CONCOURSE	CORAL GABLES FL 33143
VP	BRANT, BARRY M	ONE S.E. THIRD AVE., 15TH FL	MIAMI FL 33131

REINSTATEMENT

[Handwritten Signature]

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WEIDER, ESCO, NORMAN S
100 S.E. 2ND STREET
SUITE 3910
MIAMI FL 33131

Name BARRY M. BRANT
Street Address (P.O. Box Number is Not Acceptable)
4280 PB
Suite, Apt. #, Etc. 1 SE Third Avenue 15th Floor
City Miami State FL Zip Code 33131

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0606, F.S.

Signature of Registered Agent

[Handwritten Signature]

REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/17/99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]

REQUIRED

Date

11/17/99

Daytime Phone #

(305) 371-7000

CSCE3040 (9/99)