PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

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

FILED
00 AUG -2 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V61194

Corporation Name
KARDEA LIMITED, INC.

Principal Office Address		2. Mailing Office Address	
400 South Street		400 South Street	
Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Key West, FL 33040		Key West, FL 33040	
3040	Country USA	Zip 33040	Country USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 133691760 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED X — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: ~~XXXXXXXXXXXXXXXXXXXXXXXXXXXX~~ TIMOTHY J. KOENIG

Street Address (P.O. Box Number is Not Acceptable): ~~XXXXXXXXXXXXXXXXXX~~ 1315 Whitehead Street

Suite, Apt. #, Etc.

City: ~~XXXXXXXXXXXX~~ Key West — State: FL — Zip Code: 33040~~XXXXX~~

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***1050.00 ***1050.00

...ing appointed the registered agent of the above named corporation, I am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

...ure of ...ered Agent _____ REGISTERED AGENT MUST SIGN Date ~~9/19/2000~~ 8-01-00

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

...s	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
...P	KARY DEAVERS	400 South Street	Key West, FL 33040
	TIMOTHY J. KOENIG	1315 Whitehead Street	Key West, FL 33040
		REINSTATEMENT 98-00 TS	

...ly 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 ...einstatement 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 ...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 ...ated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

...ATURE: _____ 8-01-00 ~~8/19/00~~
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

CR2E081 (9/98)