

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2008 JAN 17 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P04000080542 1. Entity Name AKZ PROPERTIES, INC.	
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Principal Place of Business 7001 NORTH ATLANTIC AVE STE 113 CAPE CANAVERAL, FL 32920	Mailing Address 7001 NORTH ATLANTIC AVE STE 113 CAPE CANAVERAL, FL 32920
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2. Principal Place of Business - No P.O. Box # 742 BAYSIDE DR Suite, Apt. #, etc. 301	3. Mailing Address 742 BAYSIDE DR Suite, Apt. #, etc. 301
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City & State CAPE CANAVERAL, FLA Zip 32920 Country USA	City & State CAPE CANAVERAL, FLA Zip 32920 Country USA
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01142008	REIN-P	CR2E098 (1/07)
4. FEI Number 27-0091215	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KARRAS, GEORGE J 742 BAYSIDE DR. 301 CAPE CANAVERAL, FL 32920	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold; font-size: 1.2em;">FL</div> Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent.

SIGNATURE: *George J. Karras* (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME	P KARRAS, GEORGE J	<input type="checkbox"/>
STREET ADDRESS	742 BAYSIDE DR. #301	
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920	
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	900115395349		
CITY-ST-ZIP	01/17/08--01030--001 *#308.75		
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			

REINSTATEMENT

2007-2008

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other the empowered.

SIGNATURE: *George J. Karras* George J. Karras 1/14/08 321-446-3410

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #