

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUN 16 PM 1:53

DOCUMENT # F04000005511

1. Entity Name
KLEKAMP CIMMARRON, INC.



Principal Place of Business
1277 NORTH SEMORAN BOULEVARD, SUITE 119
ORLANDO, FL 32807-3569

Mailing Address
1277 NORTH SEMORAN BOULEVARD, SUITE 119
ORLANDO, FL 32807-3569

REINSTATEMENT 05-06



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05302006 REIN-P CR2E098 (11/05)

4. FEI Number
20-0888931

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KLEKAMP, H. WAYNE
1277 NORTH SEMORAN BOULEVARD, SUITE 119
ORLANDO, FL 32807-3569

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
KLEKAMP, H. WAYNE
1277 NORTH SEMORAN BOULEVARD, SUITE 119
ORLANDO, FL 328073569 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VC
KLEKAMP, DIANNE
1277 NORTH SEMORAN BOULEVARD, SUITE 119
ORLANDO, FL 328073569 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 12, 2006

Date

Daytime Phone #

H. Wayne Klekamp

2000764308120
06/21/06--01031--001 **900.00