


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F98000002722		
1. Entity Name KINDORF ENTERPRISES, INC.		

FILED  
2007 DEC 21 PM 12:53  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 1650 SAND LAKE RD ORLANDO, FL 32809	Mailing Address 1650 SAND LAKE RD ORLANDO, FL 32809
---	---

2. Principal Place of Business - No P.O. Box # 7101 PRESIDENTS DR. Suite, Apt. #, etc. 205	3. Mailing Address 7101 PRESIDENTS DR. Suite, Apt. #, etc. 205
---	---

City & State ORLANDO, FL	City & State ORLANDO, FL
Zip 32809	Country USA



6. Name and Address of Current Registered Agent KINDORF, ROBERT E 3216 WEST ORANGE COUNTRY CLUB DR. WINTER GARDEN, FL 34787	
--	--

4. FEI Number 59-3492995	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent Name: ROBERT E. KINDORF Street Address (P.O. Box Number is Not Acceptable): 7101 PRESIDENTS DR. #205 City: ORLANDO FL Zip Code: 32809	

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: *Robert Kindorf* (NOTE: Registered Agent signature required when reinstating) DATE: 12-19-07

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2008, Fee will be \$300.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP KINDORF, ROBERT E 3216 WEST ORANGE COUNTRY CLUB DR. WINTER GARDEN, FL 34787 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit 500113335775 12/21/07--01009--009 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP KENDORF, ROBERT E. 7101 PRESIDENTS DR. #205 ORLANDO, FL 32809 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert Kindorf* B. Michael DEC 21 2007