2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000059564

1. Entity Name
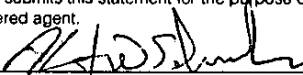KURT'S KREATIONS, INC.

FILED
06 MAY 10 PM 2: 47

Principal Place of Business	Mailing Address
3013 SW WEST LAKE CIR. PALM CITY, FL 34990	PO BOX 1792 STUART, FL 34995

REINST... (04112006) REIN-P. CR2E098 (11/05) 05-06

2. Principal Place of Business	3. Mailing Address		
2632 S.W. Willowood CR.	P.O. Box 1792		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State: Palm City, FL	City & State: Stuart, FL	**4.** FEI Number 04-3678371	Applied For ☐ / Not Applicable ☐
Zip 34990 Country USA	Zip 34995 Country USA	**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
SCHMALZ, KURT 9960 S. OCEAN DR. JENSEN BEACH, FL 33994	Name: Kurt Schmalz Street Address (P.O. Box Number is Not Acceptable): 2632 SW. Willowood Circle City: Palm City FL Zip Code: 34990

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.
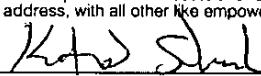
SIGNATURE _____   4/17/05
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

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		**11.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PT NAME SCHMALZ, KURT STREET ADDRESS 9960 S. OCEAN DR. CITY-ST-ZIP JENSEN BEACH, FL 33994	☐ Delete	TITLE PT NAME Schmalz, Kurt STREET ADDRESS 2632 S.W. Willowood Circle CITY-ST-ZIP Palm City, FL 34990	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	400075267714 05/25/06--01014--014 **300.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: _____   4/17/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

B. Mitchell   MAY 16 2006