

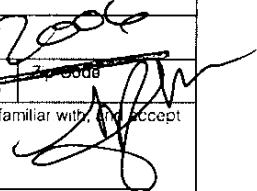


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P03000057533</b> 1. Entity Name <b>KLOMIN, INC.</b>						<b>FILED</b> 06 OCT -3 PM 12:53 SEC. OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>2119 PARK CENTRAL BLVD. NORTH POMPAHO BEACH, FL 33484</b>				Mailing Address <b>2119 PARK CENTRAL BLVD. NORTH POMAPNO BEACH, FL 33484</b>			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc		Suite, Apt. #, etc					
City & State		City & State					
Zip		Country					
4. FEI Number <b>20-0091249</b>				10022006 REIN-P CR2E098 (11/05) Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				<b>REINSTATEMENT 2006</b> 			
6. Name and Address of Current Registered Agent  <b>BDB AGENT CO. 5355 TOWN CENTER ROAD SUITE 900 BOCA RATON, FL 33486</b>							
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City							
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2007, Fee will be \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V,T CHEPONIS, MINDY J <input checked="" type="checkbox"/> Delete 2119 PARK CENTRAL BLVD NORTH POMPAHO BEACH, FL 33064			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>000080414930</b> 10/03/06--01053--014 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, S CHEPONIS, ALPHONSO J <input type="checkbox"/> Delete 2119 PARK CENTRAL BLVD NORTH POMPAHO BEACH FL, FL 33064			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, S, V, T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
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"/> Addition		
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"/> Addition		
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"/> Addition		
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"/> 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.							
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				102-06 954-974-7879 <small>Date Daytime Phone #</small>			