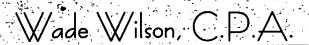
2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED **DOCUMENT # P03000099540** 04 NOV 15 PH 4: 17 KAMBREON PROPERTIES, INC. SECRETARY OF STATE Principal Place of Business Mailing Address ALLAHASSEE, FLORIDA **4206 NORTH P STREET** 4206 NORTH P STREET PENSACOLA, FL 32505 PENSACOLA, FL 32505 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 11052004 RFIN-P CR2E098 (6/04) City & State Applied For City & State 4. FEI Number 51-0478000 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required ~ 6. Name and Address of Current Registered Agent --7. Name and Address of New Registered Agent -Name JOHNSON, RONALD A Street Address (P.O. Box Number is Not Acceptable) 4206 NORTH P STREET PENSACOLA, FL 32505 City 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) FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE ☐ Delete Change Addition JOHNSON, RONALD A NAME NAME 20004275 STREET ADDRESS 212 NEWBERRY STREET STREET ADDRESS 11.715/04--01061--027 CITY-ST-ZIP CANTONMENT, FL 32533 CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition DITE LANGLEY, MARINA D NAME NAME STREET ADDRESS 8200 CHELLIE ROAD STREET ADDRESS CITY-ST-7IP PENSACOLA, FL 32526 CITY-ST-7IP Delete TITLE Addition TITLE □ Change NAME HOWARD, JAMES F. NAME STREET ADDRESS 725 GENTICA DRIVE STREET ADDRESS CITY - ST- ZIP PENSACOLA, FL 32503 CITY-ST-ZIP Delete TITLE ☐ Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ling cloes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information in Accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if other like empowered. 12. I hereby certify that the information supplied with this kindicated on this report or supplemental reports true of the corporation or the regarder or trustee supplied. changed, or on an attact SIGNATURE: MONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

1. 1800



1601 West Garden Street Pensacola, Florida 32501 Office 850, 438, 1122 Fax 850, 438, 1414

November 9, 2004

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

On September 8, 2004 we mailed check number 7684 in the amount of \$550.00, and the 2004 Annual Report for Kambreon Properties, Inc. We received a notice of dissolution and, upon checking our bank account, realized the aforementioned check had not cleared. We are assuming the check and Annual Report were lost in transit due to Hurricanes Ivan and Jeanne. We are re-submitting the Annual Report and check in the amount of \$550.00 in the hopes that you will reinstate them effective September 8, 2004. Please let us know if you have any questions or need any further information.

Sincerely,

Wade Wilson

WW/mm