

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000099540

1. Entity Name
KAMBREON PROPERTIES, INC.



Principal Place of Business
4206 NORTH P STREET
PENSACOLA, FL 32505

Mailing Address
4206 NORTH P STREET
PENSACOLA, FL 32505

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11052004

REIN-P

CR2E098 (6/04)

4. FEI Number

51-0478000

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

JOHNSON, RONALD A
4206 NORTH P STREET
PENSACOLA, FL 32505

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 \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME JOHNSON, RONALD A
STREET ADDRESS 212 NEWBERRY STREET
CITY-ST-ZIP CANTONMENT, FL 32533

TITLE ☐ Change ☐ Addition
NAME 200042752592
STREET ADDRESS 11/15/04--01061--027 **550.00
CITY-ST-ZIP

TITLE S ☐ Delete
NAME LANGLEY, MARINA D
STREET ADDRESS 8200 CHELLIE ROAD
CITY-ST-ZIP PENSACOLA, FL 32526

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

TITLE T ☐ Delete
NAME HOWARD, JAMES F
STREET ADDRESS 725 GENTICA DRIVE
CITY-ST-ZIP PENSACOLA, FL 32503

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-10-04

Date

Daytime Phone #

FILED

04 NOV 15 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Wade Wilson, C.P.A.

1001 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