2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000109510

1. Entity Name
KURTZ, INC.

Principal Place of Business	Mailing Address
4530 MURDOCK AVENUE SARASOTA, FL 34231	4530 MURDOCK AVENUE SARASOTA, FL 34231

09252007   REIN-P   CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
3764 Kosten Place	3764 Kosten Place	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State Sarasota, Florida	City & State Sarasota, Florida	4. FEI Number 00-0281600 20-0281600 ☐ Applied For ☐ Not Applicable
Zip 34240 Country	Zip 34240 Country	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
KURTZ, KELLY 4530 MURDOCK AVENUE SARASOTA, FL 34231	Name ___ Street Address (P.O. Box Number is Not Acceptable) 3764 Kosten Place City Sarasota FL Zip Code 34240

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 X _K. Kurtz_   president   (NOTE: Registered Agent signature required when reinstating)   X 9/25/07   DATE

Signature, typed or printed name of registered agent and title if applicable

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.

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME KELLY, KURTZ STREET ADDRESS 4530 MURDOCK AVENUE CITY-ST-ZIP SARASOTA, FL 34231		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kelly, Kurtz 3764 Kosten Place Sarasota, Florida 34240	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300110024063 09/27/07--01045--011 **150.00	☐ 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
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: X _Kelly B Kurtz_   Kelly B. Kurtz   X 9/25/07   (941) 377-1951

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #