2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000117305

1. Entity Name
KUNZMANN ENTERPRISES, INC.

Principal Place of Business	Mailing Address
10703 DENALI DRIVE CLERMONT, FL 34711	10703 DENALI DRIVE CLERMONT, FL 34711

10082007   REIN-P   CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #	**3.** Mailing Address	**4.** FEI Number 06-1733684	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	**5.** Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State	City & State		
Zip / Country	Zip / Country		

6. Name and Address of Current Registered Agent	**7. Name and Address of New Registered Agent**
BEST KEPT BOOKS TOO 836 W MONTROSE ST STE 1 CLERMONT, FL 34711	Name PETER KUNZMANN Street Address (P.O. Box Number is Not Acceptable) 10703 DENALI DRIVE City CLERMONT FL Zip Code 34711

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: _Pete Kunzman_   Peter Kunzmann   10.09.07

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

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 D NAME KUNZMANN, PETER STREET ADDRESS 10703 DENALI DRIVE CITY-ST-ZIP CLERMONT, FL 34711		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000110706610 10/11/07--01055--026 **150.00	☐ Change ☐ Addition
TITLE D NAME KUNZMANN, MONICA STREET ADDRESS 10703 DENALI DRIVE CITY-ST-ZIP CLERMONT, FL 34711		☐ 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
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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: _Pete Kunzman_   Peter Kunzmann   10.09.07

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