2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 DEC 18 PM 5:02

SECRETARY OF STATE
TALLAHASSEE, FLORID

DOCUMENT # P04000009297

1. Entity Name
KENNY STRANGE ELECTRIC, INC.

Principal Place of Business	Mailing Address
1940 N. HIGHWAY 71 WEWAHITCHKA, FL 32465 US	1940 N. HIGHWAY 71 WEWAHITCHKA, FL 32465 US

12122006 REIN-P CR2E098 (11/05)

2. Principal Place of Business	3. Mailing Address
1021 Madison St.	P.O. Box 976
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port St. Joe, FL	City & State: Port St. Joe
Zip: 32456 Country: Gulf	Zip: 32457 Country: USA

4. FEI Number: 55-0859546 ☐ 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
STRANGE, KENNY 1010 MCCLELLAND PORT ST. JOE, FL 32456	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: Kenny Strange 12/13/06
KENNY STRANGE
(Signature of new registered agent, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $750.00
After January 1, 2007, Fee will be $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P STRANGE, KENNY 1010 MCCLELLAND PORT ST. JOE, FL 32456	☐ Delete	Kenny Strange, P P.O. Box 976 Port St Joe, FL 32457	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP STRANGE, KENNY 1010 MCCLELLAND PORT ST. JOE, FL 32456	☐ Delete	Same	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC STRANGE, KENNY 1010 MCCLELLAND PORT ST. JOE, FL 32456	☐ Delete	Same	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	700082584967 12/18/06--01005--019 **758.75	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: * Kenny Strange 12/13/06
KENNY STRANGE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

12/18 CW