


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000014734

1. Entity Name
EVELYN Q. KEMMERER, INC.



FILED
07 JAN 19 PM 2:14

Principal Place of Business 7165 NW 186 STREET A104 HIALEAH, FL 33015	Mailing Address 7165 NW 186 STREET A104 HIALEAH, FL 33015
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 06-07

2. Principal Place of Business 15327 NW 60 Ave	3. Mailing Address 15327 NW 60 Ave
Suite, Apt. #, etc. 201 B	Suite, Apt. #, etc. 201 B

City & State Miami Lakes, FL	City & State Miami, FL
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4. FEI Number 55-0855777	Applied For <input type="checkbox"/> Not Applicable
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Zip 33014	Country USA	Zip 33014	Country USA
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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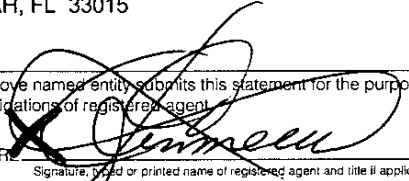
6. Name and Address of Current Registered Agent

**KEMMERER, EVELYN Q
7165 NW 186 STREET
A-104
HIALEAH, FL 33015**

7. Name and Address of New Registered Agent

Name **Kemmerer, Evelyn Q**
Street Address (P.O. Box Number is Not Acceptable)
**15327 NW 60 Ave
Suite 201 B**
City **Miami Lakes** FL Zip Code **33014**

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  **Evelyn Q. Kemmerer, Inc** DATE **1/7/07**
(NOTE: Registered Agent signature required when reinstating)

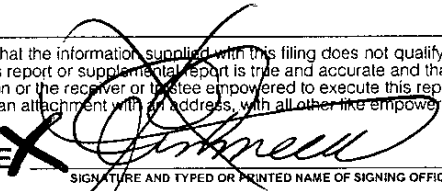
FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KEMMERER, EVELYN Q <input type="checkbox"/> Delete 7165 NW 186 STREET, #A104 MIAMI, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Kemmerer, Evelyn Q <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15327 NW 60 Ave, Suite 201 B Miami Lakes, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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  **Evelyn Q. Kemmerer** DATE **1/7/07** Daytime Phone # **344-7746**
(NOTE: Registered Agent signature required when reinstating)