## 2005 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P04000058205

Entity Name: KITZMANN INCORPORATED

FILED Oct 05, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
6416 PONCE DE LEON NORTH PORT, FL 34287				6416 PONCE DE LEON BLVD NORTH PORT, FL 34287	
Current Mailing Address:			New Mailing Address:		
6416 PONCE DE LEON NORTH PORT, FL 34287			6416 PONCE DE LEON BLVD NORTH PORT, FL 34287		
FEI Number	: 20-0988638	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
6416 PON NORTH P	N, WALTHER CE DE LEON ORT, FL 3428 named entity of Florida.	37 US	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATU	RE: WALTHE	ER E KITZMANN			
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	,		Title: Name: Address: City-St-Zip:	( ) Change( ) Addition	
Title: Name: Address: City-St-Zip:	VS ( KITZMANN, MA 6416 PONCE I NORTH PORT,	DE LEON	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTHER E KITZMANN PT 10/05/2005