

2006 FOR PROFIT CORPORATION REINSTATEMENT

AND 2007

DOCUMENT # P04000137779

1. Entity Name
K.L. BREEN BUILDERS, INC.



FILED

07 JAN -2 AM 10:45

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Principal Place of Business
3300 ISLAMORADA WAY #208
PALM BEACH GARDENS, FL 33410

Mailing Address
3300 ISLAMORADA WAY #208
PALM BEACH GARDENS, FL 33410

2. Principal Place of Business

1233 Old Dixie Highway
Suite 9
Lake Park, FL
33403 U.S.A

3. Mailing Address

1233 Old Dixie Highway
Suite 9
Lake Park, FL
33403 U.S.A



12272006

REIN-P

CR2E098 (11/06)

06-07

4. FEI Number
59-1661600

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BREEN, KEVIN L
3300 ISLAMORADA WAY #208
PALM BEACH GARDENS, FL 33410

7. Name and Address of New Registered Agent

Name Breen, Kevin L
Street Address (P.O. Box Number is Not Acceptable)
3784 Florida Blvd.
City Palm Beach Gardens FL Zip Code 33410

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

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12/27/06

FILE NOW!! FEE IS \$150.00

After January 1, 2007, 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

TITLE	P	<input type="checkbox"/> Delete
NAME	BREEN, KEVIN L	
STREET ADDRESS	3300 ISLAMORADA WAY #208	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Breen, Kevin L	
STREET ADDRESS	3784 Florida Blvd.	
CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-27-06

Date

5618427600

Daytime Phone #