2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2005 OCT 10 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000155512

1. Entity Name
KRANER & MYERS, INC.

10062005 REIN-P CR2E098 (6/04)

Principal Place of Business	Mailing Address
5605 FOREST CREEK ROAD LAKELAND, FL 33618	5605 FOREST CREEK ROAD LAKELAND, FL 33618

2. Principal Place of Business	3. Mailing Address
104 Deer Park Ave Suite, Apt. #, etc.	104 Deer Park Ave Suite, Apt. #, etc.
City & State: Temple Terrace, FL	City & State: Temple Terrace FL
Zip: 33617 Country: USA	Zip: 33617 Country: USA

4. FEI Number: 20-1881874 ☐ 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
MYERS, FREE 5605 FOREST CREEK ROAD LAKELAND, FL 33618	Name: Free Myers Street Address (P.O. Box Number is Not Acceptable) 5605 Forest Creek Road City: Lakeland FL Zip Code: 33810

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: _____ 10-06-05
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, 2006, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P MYERS, FREE 5605 FOREST CREEK ROAD LAKELAND, FL 33618	☐ Delete	P Myers, Free 5605 Forest Creek Road Lakeland, FL 33810	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP KRAMER, KRIS 10 DEAR PARK AVENUE TEMPLE TERRACE, FL 33617	☐ Delete	VP Kraner, Kris 104 Deer Park Ave TempleTerrace, FL 33617	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	300060455013 10/10/05--01067--015 **158.75	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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 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 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: _____ 10-06-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

10/12 aw