

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000011391

1. Entity Name  
**K P HOME IMPROVEMENT, INC.**



FILED

07 APR 23 PM 2:08

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT**

4. FEI Number	75-323 86 82	<input checked="" type="checkbox"/> Applied For
		<input type="checkbox"/> 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**

STRONG, RONALD L  
16 SEMINOLE ROAD  
ATLANTIC BEACH, FL 32233

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**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
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVP	<input type="checkbox"/> Delete
NAME	WOJNAROWICZ, KRZYSZTOF P	
STREET ADDRESS	760 REDFIN DR	
CITY - ST - ZIP	ATLANTIC BEACH, FL 32233	

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP	139/26		

TITLE	ST	<input type="checkbox"/> Delete
NAME	WOJNAROWICZ, KRZYSZTOF P	
STREET ADDRESS	760 REDFIN DR	
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233	

TITLE	Change	Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	WOJNAROWICZ, KRZYSZTOF P	
STREET ADDRESS	760 REDFIN DR	
CITY - ST - ZIP	ATLANTIC BEACH, FL 32233	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	200101388712
STREET ADDRESS	
CITY - ST - ZIP	05/03/02---01029---005 **308 75

TITLE	<input type="checkbox"/> Delete
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"/> Delete
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_

904 571 3261