

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P05000080870</b> 1. Entity Name <b>K-DEAN ENTERPRISES, INC.</b>						06 OCT 23 9:58	
Principal Place of Business <b>4306 - WEST BROWARD BLVD A PLANTATION, FL 33317</b>				Mailing Address <b>4306 - WEST BROWARD BLVD A PLANTATION, FL 33317</b>			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent  <b>D'AGUILAR, PAULA S 4306- WEST BROWARD AVE. A PLANTATION, FL 33317</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>CEO COVER, KAREN N 4306 - WEST BROWARD BLVD. STE. A PLANTATION, FL 33317</b> <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY - ST - ZIP <div style="text-align: center; border: 1px solid black; padding: 5px;"> <b>100081390 P21</b>  <b>10/31/06--01055--012 **150.00</b> </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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.							
<b>SIGNATURE:</b> <i>Karen N Cover</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				10/16/06 954-816-6778 <small>Date Daytime Phone #</small>			

B. Mitchell OCT 14 2006