


2006-FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000096340					
1. Entity Name A KRAFTSMANS TOUCH, INC					
Principal Place of Business 1226 BERMUDA LAKES LANE 456 E 18th St APT # 105 KISSIMMEE, FL 34741 St Cloud FL 34769			Mailing Address 1226 BERMUDA LAKES LANE 456 E 18th St APT # 105 St Cloud FL 34769 KISSIMMEE, FL 34741		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number	
Zip		Country		Zip	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HUNT, ROBERT E JR 1226 BERMUDA LAKES LANE APT # 105 KISSIMMEE, FL 34744			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 <i>Gaylord Hunt</i>		(Robert E Hunt, Jr) <i>Nov 6, 06</i>		DATE <i>Oct 17, 06</i>	
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, 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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P <input type="checkbox"/> Delete	NAME HUNT, ROBERT E JR			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1226 BERMUDA LAKES LANE APT #105	STREET ADDRESS			300081070693	
CITY-ST-ZIP KISSIMMEE, FL 34741	CITY-ST-ZIP			10/20/06--01048--015 **150.00	
TITLE VP <input type="checkbox"/> Delete	NAME HUNT, GAYLORD E			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1226 BERMUDA LAKES LANE APT # 105	STREET ADDRESS				
CITY-ST-ZIP KISSIMMEE, FL 34741	CITY-ST-ZIP				
TITLE <input type="checkbox"/> Delete	NAME			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	STREET ADDRESS				
CITY-ST-ZIP	CITY-ST-ZIP				
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CITY-ST-ZIP	CITY-ST-ZIP				
TITLE <input type="checkbox"/> Delete	NAME			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	STREET ADDRESS				
CITY-ST-ZIP	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 address, with all other like empowered.					
SIGNATURE: <i>Gaylord Hunt</i>				Date <i>Oct 17/06</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 06



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