

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P05000111367</b> 1. Entity Name <b>KIRDAN, INC</b>						06 SEP 20 11 3:4	
Principal Place of Business <b>2338 IMMOKALEE RD</b> <b>101</b> <b>NAPLES, FL 34110</b>				Mailing Address <b>2338 IMMOKALEE RD</b> <b>101</b> <b>NAPLES, FL 34110</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>MOURICK, DAVID J</b> <b>10998 BONITA BEACH RD.</b> <b>2</b> <b>BONITA SPRINGS, FL 34135</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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</b> <b>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 <b>P</b> <span style="float: right;"><input type="checkbox"/> Delete</span> NAME <b>BANKS, DANIEL C</b> STREET ADDRESS <b>2338 IMMOKALEE RD #101</b> CITY-ST-ZIP <b>NAPLES, FL 34110</b>				TITLE <span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span> NAME <b>400080260294</b> STREET ADDRESS <b>09/28/06--01031--002</b> CITY-ST-ZIP <b>**150.00</b>			
TITLE <span style="float: right;"><input type="checkbox"/> Delete</span> NAME STREET ADDRESS CITY-ST-ZIP				TITLE <span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span> NAME STREET ADDRESS CITY-ST-ZIP			
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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> 				Date <b>9/25/2006</b> Daytime Phone #			