


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000132798		
1. Entity Name KLK COMMERCIAL CONTRACTORS INC.		

FILED
06 NOV 30 PM 3:09
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 14535 BRUCE B. DOWNS BLVD APT #2114 TAMPA, FL 33613	Mailing Address 14535 BRUCE B. DOWNS BLVD APT #2114 TAMPA, FL 33613
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 84-1680465		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MILES, BRITTANY E 14535 BRUCE B. DOWNS BLVD APT #2114 TAMPA, FL 33613	
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7. Name and Address of New Registered Agent	
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: <u>Brittany E. Miles</u>	DATE: <u>11/28/06</u>

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOLOSAR, KURT L 14535 BRUCE B. DOWNS BLVD TAMPA, FL 33613 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800082183258 11/30/06--01050--017 **758.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILES, BRITTANY E 14535 BRUCE B. DOWNS BLVD TAMPA, FL 33613 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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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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

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: <u>Kurt L. Kolosar Jr.</u>	DATE: <u>11/28/06</u> DAYTIME PHONE # <u>(813) 725-8081</u>