## 2006 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P05000159019

Address:

City-St-Zip:

Entity Name: KAINOS FIRE FOLIPMENT INC.

FILED Nov 02, 2006 Secretary of State

y	10 11 10 111 100	THE EGON MEIVI, NO.			
Current Principal Place of Business:			New Principal Place	of Business:	
304 PALER	RMO AVENUE	<u> </u>			
	ÀBLES, FL 33	3134 US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
1ST FLOO					
	ABLES, FL 33 : <b>26-0130545</b>	3134 US  FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
			,	,	
Name and	Address of C	Current Registered Agent:	Name and Address of	of New Registered Agent:	
1ST FLOO	RMO AVENUE				
	named entity of Florida.	submits this statement for the	e purpose of changing its registere	d office or registered agent, or both,	
SIGNATUF	RE: ANA L. M	10FFAT			
	Electror	nic Signature of Registered A	gent	Date	
		03(2)(b), F.S., the corporation did g Trust Fund Contribution().	not receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	GUADA, RICAR 304 PALERMO	) Delete RDO ) AVENUE 1ST FLOOR ES, FL 33134 US	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	WHARWOOD, 304 PALERMO	) Delete LEONIDAS ) AVENUE 1ST FLOOR ES, FL 33134 US	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	MENDOZA, VA 304 PALERMO	) Delete LERIO • AVENUE 1ST FLOOR ES, FL 33134 US	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	T ( )	) Delete MARCO	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: VALERIO MENDOZA S 11/02/2006

304 PALERMO AVENUE 1ST FLOOR

CORAL GABLES, FL 33134 US