

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000031303

Entity Name: KUMAN MOTORS INC

FILED  
Sep 17, 2007  
Secretary of State

## Current Principal Place of Business:

3700 NORTH GEORGIA AVENUE  
SUITE 10  
WEST PALM BEACH, 33405

## Current Mailing Address:

8155 BELVEDERE RD  
APT 201  
WEST PALM BEACH, FL 33411

## New Principal Place of Business:

3700 NORTH GEORGIA AVENUE  
SUITE 3  
WEST PALM BEACH, FL 33405

## New Mailing Address:

1798 SAWGRASS CIR  
WEST PALM BEACH, FL 33413

FEI Number: 83-0449843

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

RIDORE, ADOLPHE  
8155 BELVEDERE RD  
APT 201  
WEST PALM BEACH, FL 33411 US

## Name and Address of New Registered Agent:

RIDORE, ADOLPHE  
1798 SAWGRASS CIR  
WEST PALM BEACH, FL 33413 US

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.

SIGNATURE: ADOLPHE RIDORE

09/17/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: FORESTE, RONALD  
Address: 8155 BELVEDERE RD APT 201  
City-St-Zip: WEST PALM BEACH, FL 33411

Title: VP ( ) Delete  
Name: RIDORE, ADOLPHE  
Address: 8155 BELVEDERE RD APT 201  
City-St-Zip: WEST PALM BEACH, FL 33411

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: FORESTE, RONALD  
Address: 11256 ORANGE GROVE BLVD  
City-St-Zip: WEST PALM BEACH, FL 33411

Title: VP (X) Change ( ) Addition  
Name: RIDORE, ADOLPHE  
Address: 1798 SAW GRASS CIR  
City-St-Zip: WEST PALM BEACH, FL 33413

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: ADOLPHE RIDORE

V.P

09/17/2007

Electronic Signature of Signing Officer or Director

Date