## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P07000015981

City-St-Zip:

HOLLYWOOD, FL 33020

FILED Jan 22, 2009 Secretary of State

Entity Na	me: KIRCHANON INC.		
Current Principal Place of Business:		New Principal Place of Business:	
1324 N FEDERAL HWY HOLLYWOOD, FL 33020		2015 S. TUTTLE AVE. SARASOTA, FL 34239	
Current M	lailing Address:	New Mailing Address:	
	DERAL HWY DOD, FL 33020	2015 S. TUTTLE AVE. SARASOTA, FL 34239	
FEI Number	: FEI Number Applied Fo	(X) FEI Number Not Applicable ( ) Certificate of Status Desired	( )
Name and	Address of Current Registered Ag	ent: Name and Address of New Registered Agent:	
1840 SW 2 4TH FLOC		CZURA, IMRE 2015 S. TUTTLE AVE. SARASOTA, FL 34239 US	
	named entity submits this statement to e of Florida.	or the purpose of changing its registered office or registered agent, or	r both,
SIGNATU	RE: CZURA IMRE	01/22/2009	
	Electronic Signature of Registe	red Agent Date	
	ce with s. 607.193(2)(b), F.S., the corporation	•	
	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRE	ECTORS:
Title: Name: Address: City-St-Zip:	PD ( ) Delete DOROS, PETER 1324 N FEDERAL HWY HOLLYWOOD, FL 33020	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	VPD ( ) Delete KORMENDI, CSABA 1324 N FEDERAL HWY HOLLYWOOD, FL 33020	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	SD ( ) Delete KOMAROMI, ADAM 1324 N FEDERAL HWY HOLLYWOOD, FL 33020	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:	
Title: Name: Address:	T (X) Delete KISS, JOZSEF L 1324 N FEDERAL HWY	Title: ( ) Change ( ) Addition Name: Address:	

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.

City-St-Zip:

SIGNATURE: PETER DOROS PD 01/22/2009