## 2005 FOR PROFIT CORPORATION REINSTATEMENT

| 1. Entity Nam   | MENT # P9600010412                                |  |                               | FILED<br>05 OCT -7 PM 1: 15             |   |                                       |                   |  |
|---|---|--|-------------------------------|---|---|---------------------------------------|-------------------|--|
| Principal Place of Business Mailing Address   |   |  |                               |   |   |                                       | •                 |  |
| 22294 SW 6  |   |  |                               | SLORETARY OF STATE TALLAHASSEE, FLORIDA |   |                                       |                   |  |
| 2. Principal Place of Business  2. Principal Place of Business  2. A Mailing Address  1. A 3. SW 1ST L  Suite, Apt. #, etc.  Suite, Apt. #, etc.  |   |  | Way                           | 07 (15<br>09282005                      |   | 2009 <b>3.</b> §<br>32E098 (6/04)     | 50.00             |  |
| Boca Ratin Fla Doorfield Be   |   |  | neh A                         | 4. FEI Numb                             | =:  |                                       | oplied For        |  |
| Zip Country Zip (   |   |  | Country<br>(USA               | <u> </u>                                | of Status Desired                               | \$8.75 Add                            |                   |  |
| ia  | 6. Name and Address of Current Regi               |  | u 311                         | 7. Name and                             | Address of New Register                         | <del></del>                           | <u> </u>          |  |
| KERR, ERIK J  |   |  |                               | Name                                    |   |                                       |                   |  |
| 22294 SW  | 62ND AVE<br>TON, FL 33428                         | Street Address (P.O. Box Number is Not Acceptable) |                               |   |   |                                       |                   |  |
|   |   |  |                               |   |   |                                       |                   |  |
|   |   |  | City                          |   |   | Zip Cod                               |                   |  |
| 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   |   |  |                               |   |   |                                       |                   |  |
|   |   | (43)   |                               |   | , ,   | · · · · · · · · · · · · · · · · · · · |                   |  |
| FILE NOWII: FEE IS \$150.00<br>After January 1, 2006, Fee will be \$300.00  |   |  |                               |   | In accordance with s. 6 corporation did not rec | 607.193(2)(b),<br>eive the prior i    | F.S., the notice. |  |
| 10.   | OFFICERS AND DIRE                                 | CTORS  | 11,                           | ADDITIONS                               | L<br>/CHANGES TO OFFICERS A                     | ND DIRECTOR                           | S IN 11           |  |
| TITLE<br>NAME   | PD<br>KERR, ERIK J                                | ☐ Delete   | TITLE<br>NAME                 |   |   | Change                                | ☐ Addition        |  |
| STREET ADDRESS<br>CITY-ST-ZIP   | 1221 S.E. 3RD STREET<br>DEERFIELD BEACH, FL 33441 |  | STREET ADDRESS<br>CITY-ST-ZIP |   |   |                                       |                   |  |
| TITLE   | STD   | ☐ Delete   | TITLE                         |   |   | ☐ Change                              | Addition          |  |
| NAME<br>Street address  | KERR, ELIZABETH<br>1221 S.E. 3RD STREET           |  | NAME<br>STREET ADDRESS        |   |   |                                       |                   |  |
| CITY-ST-ZIP   | DEERFIELD BEACH, FL 33441                         |  | CITY-ST-ZIP                   |   |   |                                       |                   |  |
| TITLE<br>NAME   | M<br>DRIZIN, EDWARD                               | Delete   | TITLE<br>NAME                 | AR IN                                   | ()  | ☐ Change                              | Addition          |  |
| STREET ADDRESS<br>CITY-ST-ZIP   | 207 PIEDMONT E.<br>DELRAY BEACH, FL 33484         |  | STREET ADDRESS<br>CITY-ST-ZIP | (1) 1 (V)                               |   |                                       |                   |  |
| TITLE   | DECIVIT DESCRIPTE COSTO                           | ☐ Delete   | TITLE                         | /                                       |   | ☐ Change                              | Addition          |  |
| NAME<br>Street address  |   |  | NAME<br>STREET ADDRESS        |   |   |                                       |                   |  |
| CHY-ST-ZIP  |   |  | CITY-ST-ZIP                   |   |   | ····                                  |                   |  |
| TITLE<br>Name   | ·   | ☐ Delete   | TITLE<br>NAME                 |   |   | ☐ Change                              | Addition          |  |
| STREET ADDRESS<br>CITY-SI-ZIP   |   | -  | STREET ADORESS<br>CITY-ST-ZIP |   |   |                                       |                   |  |
| TITLE   |   | ☐ Delete   | TITLE                         |   |   | ☐ Change                              | ☐ Addition        |  |
| NAME<br>STREET ADDRESS  |   | Ĭ  | NAME<br>STREET ADDRESS        |   |   |                                       |                   |  |
| CITY-ST-ZIP   |   |  | CITY-ST-ZIP                   |   |   |                                       |                   |  |
| 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 a       | other like empowered.                              | 2,                            | _ , , ,                                 | -/ /  |                                       | Las. =            |  |
|   | URE: John V                                       | <del></del>  |                               |   | 0/20/AC   | 1954                                  | ソスムマウレン           |  |



Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

September 28, 2005

To Whom It May Concern:

Please be advised that Kerr Electric Repair Inc. did **not** receive a corrections report from your office regarding our annual report. According to your office, corrections were needed for reinstatement. Kerr Electric Repair sent a check in the amount of \$150.00 for our annual reinstatement report. The check # is 2347 and was processed on July 15, 2005. Please process our reinstatement ASAP and waive any penalty fees.

If you have any questions please call 561-929-3641.

Thank You, Kerr Electric Repair 1123 SW 1<sup>st</sup> Way Deerfield Beach, Florida 33441