2005 FOR PROFIT CORPORATION REINSTATEMENT									
DOCUMENT # P97000075989 1. Entity Name KITZMAN ENGINEERING, INC.					FILED 05 MAY -4 AM II: 06				
Principal Place 11413 52 13 MIAMI, FL 33	19 Pt	Mailing Address 11413 52 139 PL MIAMI, FL 33188				SECF	NETARY I Ahassei	OF STAT	ΓE
	lace of Business S.W. 285 ST. #, etc.	3. Mailing Address 15845 S.W. 285 ST, Suite. Apt. #, etc.			04172005	REIN-P	CB2E	098 (6/04)	
City & State Ho M I	STEAD, FL.	City& State HOMESTEAD, FL.			4. FEI Numb 65-080	er		Ap	plied For It Applicable
Zip 3303		Zip 33033 Country USA			5. Certificate of Status Desired X \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name									
KITZMAN, FEMON RAMON 11413-SW 120-RL 15845 S.W. 285 ST. MIAMI, FL 33186 HOMESTEAD, FL. 33033					ess (P.O. Box Number is Not Acceptable)				
			City	<u> </u>			FL	Zip Code	e
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>Lamon</u> Kityman <u>4/22/05</u> Signature, typed or printed name of registered (g)rt and tills if applicable. (NOTE: Registrand Agent signature required when reinstating) DATE									
FILE NOWIII FEE IS \$300.00						In accordance corporation di	with s. 607 d not receive	.193(2)(b), e the prior r	F.S., the notice,
10. TIFLE	OFFICERS AND D		11. MLE	D	ADDITIONS,	CHANGES TO O	FICERS AND	DIRECTOR:	SIN 11
NAME STREET ADORESS CITY-ST-ZIP	KITZMAN, RAMON 11413 SW 129 PL 15845	S.W. 285 ST. = AD, FL, 33033	NAME STREET ADDRESS CITY-ST-ZIP	RA1 152	345 5.1	172MAN N·2855 D. FL. 3			
TITLE			TILE	нол	Леутен	V, -C. J.		Change	Addition
NAME Street address City-st-zip			NAME Street address City-st-zip		3) 05/1		₩G	1543 9**ゼ	≁્ ક્યુ.50
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition
12. I hereby certify that the information supplied with this filing 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 it 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: Ramon Kitymen SIGNATURE: AND TYPED OF PRINTED NAME OF SIGNAM OFFICER OR DIRECTOR Date Daytime Proce #									
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