

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # P97000078826

1. Corporation Name

KAIZEN SOLUTIONS, INC.

2. Principal Office Address

1224 Greystone Lane

Suite, Apt. #, etc.

3. Mailing Office Address

1224 Greystone Lane

Suite, Apt. #, etc.

City & State

Pensacola, Florida

City & State

Pensacola, Florida

Zip

32514

Country

USA

Zip

32514

Country

USA

7. Name and Address of Current Registered Agent

Name

KATHRYN K. WELLS

Street Address (P.O. Box Number Is Not Acceptable)

1224 Greystone Lane

Suite, Apt. #, Etc.

City

Pensacola, F

REINSTATEMENT 03-05

4. Date Incorporated or Qualified
To Do Business in Florida

09/11/1997

5. FEI Number

593467581

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Kathryn K. Wells

Date 4/20/2005

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	KATHRYN K. WELLS	1224 Greystone Lane	Pensacola, FL 32514

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Kathryn K. Wells

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/2005 (850) 393-7556

Date

Daytime Phone #

CR2E081 (01/05)