



2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000043798 1. Entity Name THE KEHM CORPORATION						FILED 05 JAN 14 PM 1:32 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 5300 LITTLE ROAD NEW PORT RICHEY, FL 34655				Mailing Address 10541 RABBIT DRIVE NEW PORT RICHEY, FL 34654			
2. Principal Place of Business		3. Mailing Address		 REINSTATEMENT 04-05 <small>01112005 REIN-P CR2E098 (6/04)</small>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 65-0918730		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
KEHM, CHARLES 10541 RABBIT DRIVE NEW PORT RICHEY, FL 34654				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL Zip Code			
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>Charles E. Kehm</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				<u>Charles Kehm</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<u>1/10/05</u> <small>DATE</small>	
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KEHM, CHARLES			NAME			
STREET ADDRESS	10541 RABBIT DRIVE			STREET ADDRESS			
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654			CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KEHM, VIRGINIA			NAME			
STREET ADDRESS	10541 RABBIT DRIVE			STREET ADDRESS			
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654			CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	-			NAME	-		
STREET ADDRESS	-			STREET ADDRESS	-		
CITY-ST-ZIP	-			CITY-ST-ZIP	-		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
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 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 all other like empowered.							
SIGNATURE: <u>Charles Kehm</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u>Charles Kehm</u>		<u>1/10/05 727-375-9337</u> <small>Date Daytime Phone #</small>	