


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
04 NOV -1 PM 4:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # M72595</b> 1. Entity Name <b>KRAUSE WATCH COMPANY, INC.</b>	
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Principal Place of Business <b>4300 HAZEL AVE #A PALM BEACH GARDENS, FL 33410 US</b>	Mailing Address <b>4300 HAZEL AVE #A PALM BEACH GARDENS, FL 33410 US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State City: _____ State: _____	4. FEI Number <b>65-0038714</b>
Zip Country	5. Certificate of Status Desired <input type="checkbox"/> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>KRAUSE, KARIN 4300 HAZEL AVE #A PALM BEACH GARDENS, FL 33410</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code
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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.

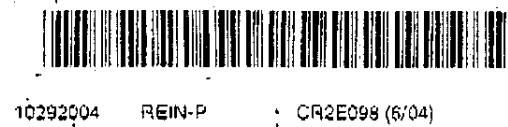
SIGNATURE: *Karin Krause* (NOTE: Registered Agent Signature required when reinstating)

**FILE NOW!!! FEE IS \$750.00  
After January 1, 2005, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KRAUSE, KARIN		NAME		
STREET ADDRESS	4300 HAZEL AVE #A		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS, FL		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)(b), 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: *Karin Krause*



**000042353390**  
11/01/04--01054--015 \*\*750.00

*BK 11/4*