

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

FILED

00 JAN 10 AM 11:35

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P98000057251

1. Corporation Name Krystal SAND Publishing, Inc.

2. Principal Office Address 5341 Stewart St Suite, Apt. #, etc.

3. Mailing Office Address P.O. Box 458 Suite, Apt. #, etc.

City & State Milton FL Zip 32570 Country USA

City & State Bagdad, FL Zip 32530 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 6-25-98

5. FEI Number NEWIE 59-3582604 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED [] \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Samuel A. Dougherty

Street Address (P.O. Box Number is Not Acceptable) 5857 Timberline Dr Suite, Apt. #, Etc.

City Milton

700003099627-9 -01/14/00-01035-005 ***750.00 ***750.00

State FL Zip Code 32570

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 [Signature] REGISTERED AGENT MUST SIGN

Date 1-5-00

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

Table with 4 columns: Titles, Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Row 1: P Samuel A Dougherty 5857 Timberline Drive Milton, FL 32570

REINSTATEMENT 99 11TS

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: [Signature] Samuel A. Dougherty 1-5-00

(850) 623-1996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)