PLEASE READ ALL INSTRUCTIONS, BEFORE COMPLETING THIS FORM.		
CORPORATION REINSTATEMENT DOCUMENT # F9800005667 1. Corporation Name Krupp POINSIUS COrp.		FILED 09 MAY 27 AM 9: 20 SECRETARY OF STATE TALLAHASSEE, FLORIDA REINSTATEMENT
2. Principal Office Address - No P.O. Box # 3. Mailing Office 180 Interstate N: PKuy Sume Suite, Apt. #, etc. Suite, Apt. #, etc. 300 City & State City & State City & State AHanda, GIA Zip 30339 USA	e ao Annaple	CERTIFICATE OF STATUS DESIRED
7. Name and Address of Current Registered Agent Name Orporation Street Address (P.O. Box Number is Not Acceptable) 1201 1201 Hayo Street Suite, Apt. #, Etc. State Zip Code City Tallahaeee FL 3230 8. I, being appointed the registered agent of the above named corporation, am familiar with and acceptate of the above named corporation. State Joyce		The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.
Signature of Registered Agent Agent Agent Agent MOST SIGN Date 5/8/09		
9. Names and Street Addresses of Each Officer and/or Director (Florida Titles Name of	Street Address of Each	
P Mark S. Terry S Lawrence C. Paulon	Officer and/or Director 180 Interstate 1 200 Interstate 1 340 300	N. PKWY Atlanta, GA 30339 N. PKWY Atlanta, GA 30339
T James H. Vogeley	180 Interstate N Ste 300	' Atlanta, EIA 30339
D Detlev Kupper D Detlev Rose	TO Interdicte N. Ote 300	PRUY Atlanta, GA 30339 Atlanta, GA 30339
 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 individual/listed on this form do not qualify for an exemption contained in Chapter 119, 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: And M Ungelieg JAM ES H VOGELEY 5/18/09 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		

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