

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS



FILED
99 DEC 13 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H73528

1. Corporation Name
KRUMEL CORP.

Principal Place of Business Mailing Address

% PHILIP L. BRAWNER 2950 S.W. 27TH AVENUE MIAMI FL 33133
% PHILIP L. BRAWNER 2950 S.W. 27TH AVENUE MIAMI FL 33133



REINSTATEMENT 09

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/28/1985	
City & State		City & State		5. FEI Number	
Zip		Country		65-0092109	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	SCHIROW, GERD H.R.	612 GOLDEN BEACH DRIVE	GOLDEN BEACH FL
S	BRAWNER, PHILIP	2950 S.W. 27TH AVE.	MIAMI FL
VP	SCHUSTER, JENS	612 GOLDEN BEACH DRIVE	GOLDEN BEACH FL
			700003078217--4 -12/22/99--01070--024 *****750.00 *****750.00
			700003078217--4 -12/22/99--01070--025 *****8.75 *****8.75

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
BRAWNER, PHILIP L. 2950 S.W. 27TH AVENUE 210 GROVE PROFESSIONAL BLDG. MIAMI FL 33133		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State Zip Code
			FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Philip L. Brawner Date: December 10, 1999

REGISTERED AGENT MUST SIGN

11. 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)(l), 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: Gerd H.R. Schirow Date: 12/10/99 Daytime Phone #: 305-935-4488

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CR2540 (8/99)