

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC 26 PM 3:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000025420

Name and Mailing Address

0004783 01 AT 0.292 \*\*AUTO TO 0 0615 33021-876399



KRIPTEC, LLC  
941 S. PARK ROAD  
HOLLYWOOD FL 33021-8763



2. New Mailing Address <b>941 S PARK RD #310</b> City, State, Zip <b>HOLLYWOOD FL 33021</b>		4. State/Country of Formation FL	
Principal Place of Business 941 S. PARK ROAD HOLLYWOOD FL 33021		5. Date Organized or Qualified To Do Business in Florida 09/27/2002	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number <b>050534877</b> Applied For Not Applicable	
8. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name <b>Curtis Pawlette</b> Street Address (P.O. Box Number is Not Accepted) <b>941 S Park RD #310</b> City <b>Hollywood</b> FL Zip Code <b>33021</b>			
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent <b>CURTIS PAWLETTE</b> Date <b>12/22/03</b> REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	PAWLETTE, CURTIS K	941 S. PARK ROAD	HOLLYWOOD FL 33021
			600025773306 12/26/03--01049--011 **155.00
			REINSTATEMENT 03
12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager <b>CURTIS PAWLETTE</b> Date <b>12/22/03</b> Daytime Phone # <b>9543227051</b>			
Typed or printed name of signing Managing Member/Manager			

CR2E034 (7/03)