

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 JUN -5 PM 2:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N03000004042

1. Corporation Name

Krys Family Foundation

2. Principal Office Address - No P.O. Box #

2661 Juniper Hill

3. Mailing Office Address

PO Box 10668

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

Aspen, CO

City &amp; State

Aspen, CO

Zip

81611

Country

USA

Zip

81612

Country

USA

REINSTATEMENT 05-08

CR2E081 (12/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

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

Michael Ehrenstein

Street Address (P.O. Box Number is Not Acceptable)

800 Brickell Avenue

Suite, Apt. #, Etc.

Suite 902

City

MIAMI

State

FL

Zip Code

33131

☒ 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.

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

Michael Ehrenstein

Date 6/2/08

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Alex Krys	2661 JUNIPER HILL	ASPEN, CO 81611
VP	Juliana Krys	127 Gallen, #2	Marina del Rey, CA 90292
S	Jose Ortiz	100 Richards Ave, #106	Norwalk, CT 06854
			900131092379 06/10/08--01009--006 **17.50
			\$76/5
			900131092379 06/10/08--01009--007 **245.00

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Alex Krys 5/29/08 310-922-9229