

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000001883

FILED  
Sep 27, 2007  
Secretary of State

Entity Name: KLARYNZ CORPORATION

**Current Principal Place of Business:**

18126 NW 89TH CT  
MIAMI LAKES, FL 33018

**New Principal Place of Business:**

**Current Mailing Address:**

13123 NE 3RD AVE  
MIAMI, FL 33161

**New Mailing Address:**

18126 NW 89TH COURT  
MIAMI LAKES, FL 33018

FEI Number: 20-2380991      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

ST. HILAIRE, CLARENCE  
18126 NW 89TH CT  
MIAMI LAKES, FL 33018      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CLARENCE ST. HILAIRE

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: ST. HILAIRE, CLARENCE  
Address: 18126 NW 89TH CT  
City-St-Zip: MIAMI LAKES, FL 33018

Title: VP      ( ) Delete  
Name: SILAIRE, GERARD  
Address: 300 GORDON STREET  
City-St-Zip: ROSELLE, NJ 07203

Title: VP      ( ) Delete  
Name: AUGUSTIN, MARLENE  
Address: 835 NE 177TH STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: SECT      ( ) Delete  
Name: CHERILUS, MYRTHA  
Address: 1018 GUILD STREET  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: VP      ( ) Delete  
Name: BOUZI, RALPH  
Address: 13123 NE 3RD AVE  
City-St-Zip: MIAMI, FL 33161

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLARENCE ST. HILAIRE

Electronic Signature of Signing Officer or Director

P

09/27/2007

Date