

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Jan 16, 2009
Secretary of State**

DOCUMENT# N05000001883

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:

18126 NW 89TH COURT
MIAMI LAKES, FL 33018

New Mailing Address:

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 (X) 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 (X) 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: VP (X) Change () Addition
Name: AUGUSTIN, MARLENE
Address: 5917 NE 5TH AVE
City-St-Zip: MIAMI, FL 33137

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

01/16/2009

Date