


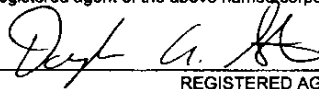
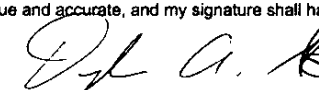
FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA:

REINSTATEMENT

CR2E081 (1/07)

05-07

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 2007 OCT -4 AM 11:50 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P00000091282					
1. Corporation Name Krymar, Inc.					
2. Principal Office Address - No P.O. Box # 225 W. University Ave			3. Mailing Office Address 225 W. University Ave		
Suite, Apt. #, etc. N/A			Suite, Apt. #, etc. N/A		
City & State Gainesville FL			City & State Gainesville FL		
Zip 32601	Country Alachua		Zip 32601	Country Alachua	
4. Date Incorporated or Qualified To Do Business in Florida 9-25-2000					
5. FEI Number 593677551				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status					
7. Name and Address of Current Registered Agent					
Name Douglas Stone					
Street Address (P.O. Box Number is Not Acceptable) 1488 SW 84th Ter					
Suite, Apt. #, Etc. N/A					
City Gainesville			State FL	Zip Code 32607	
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 				Date 9-7-07	
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
Pres.	Douglas Stone		1488 SW 84th Ter		Gainesville FL 32607
Vicepres	Angela Stone		1488 SW 84th Ter		Gainesville FL 32607
800109596376 09/18/07--01064--008 **1050.00					
REINSTATEMENT 05-07					
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: 				Date 9-7-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # 352-371-4244	