

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 14 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000045019

1. Corporation Name

KRISTY MAR INC.

2. Principal Office Address

10090 NW 129 Ter

Suite, Apt. #, etc.

City & State

HALEAH GARDENS, FL

Zip

33018

Country

DADE

3. Mailing Office Address

10090 NW 129 Ter

Suite, Apt. #, etc.

City & State

HALEAH GARDENS, FL

Zip

33018

Country

DADE

100024940281

11/21/03--01091--007 **758.75

4. Date Incorporated or Qualified
To Do Business in Florida

05/04/2001

5. FEI Number

04-369-6729

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

EDWARD Louk

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

10090 NW 129 Ter

Suite, Apt. #, Etc.

City

Hialeah Gardens.

State

FL

Zip Code

33018

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

Edward Louk

Date

11/13/03.

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
<u>P.</u>	<u>EDWARD Louk</u>	<u>10090 NW 129 Ter</u>	<u>Hialeah Gardens, FL</u>

REINSTATEMENT

03

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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 under section 119.07(3)(i), 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:

Edward Louk

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/13/03 (305) 984-3631

Daytime Phone #