

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

page 1 of 2

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000063424

1. Corporation Name

KRYPTO ART & ACCESSORIES, INC.

Principal Place of Business

C/O COMPUKEEPER INC.
1446 NW 2ND AVENUE #105
BOCA RATON FL 33432

Mailing Address

C/O COMPUKEEPER INC.
1446 NW 2ND AVENUE #105
BOCA RATON FL 33432

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
3543 NE Boca Raton Blvd

Suite, Apt. #, etc.

City & State
Boca Raton, FL

Zip
33431

Country
USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/21/2001

5. FEI Number

65-1112671

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	LENNON, JOE	3543 NE BOCA RATON BLVD.	BOCA RATON FL 33431

100008801861

11/05/02--01029--010 **150.00

0248210

8. Name and Address of Current Registered Agent

LEONNON, JOE
C/O COMPUKEEPER INC.
1446 NW 2ND AVENUE #105
BOCA RATON FL 33432

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11. 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:

SIGNATURE REQUIRED
Joe Lennon, Jr

Date

10/31/02

Daytime Phone #

561-750-9206

CR2E040 (8/02)

Page 2

October 31, 2002

Secretary of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314-6327

Re: Krypto Art & Accessories Inc.
P01000063424

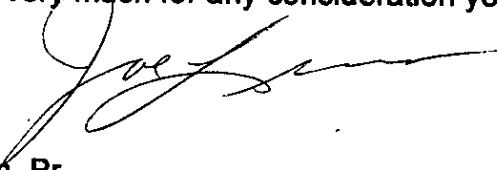
Dear Sir or Madam:

I am enclosing my check number 1251 in the amount of \$150.00 and respectfully requesting that you abate the penalty this first time for the above mentioned Corporation.

I do not recall receiving the annual report and I was unfamiliar with the renewal process.

Thank you very much for any consideration you give me in this instance.

Sincerely,



Joe Lennon, Jr.

Cc:file