

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000069492

1. Entity Name
KRISTIANNA'S, INC.



FILED
05 OCT 10 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1000 IMMOKLEE RD SUITE 62
NAPLES, FL 34110

Mailing Address
1000 IMMOKLEE RD SUITE 62
NAPLES, FL 34110

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10062005

REIN-P

CR2E098 (6/04)

4. FEI Number
59-3732625

Applied For
Not Applicable

5. Certificate of Status Desired *OK* \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SELMAN, PATRICIA
1566 MULLETT LN
NAPLES, FL 34102

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Patricia Selman Patricia Selman 10/6/07
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
M
SCHAPPERT, ADRIENNE
1566 MULLETT LN
NAPLES, FL 34102 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
M
Adrienne Schappert
1004 PACIFIC PINES AVE
FT. MYERS, FL 33912 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SELMAN, PATRICIA S
1566 MULLETT LN
NAPLES, FL 34102 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600060579906
10/13/05--01048--007 **750.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
JP 10/11 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Patricia Selman* 10/6/05 239-593-3814
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #