


2005 FOR PROFIT CORPORATION REINSTATEMENT

Page 10/12
FILED

2006 JUL 18 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000072050		
1. Entity Name KRISARTT HOME X ACCESSORIES, INC.		

Principal Place of Business 4640 SW 13 ST MIAMI, FL 33134 US	Mailing Address 4640 SW 13 ST MIAMI, FL 33134 US
--	--

2. Principal Place of Business 1691 S.W. 17 ST. Suite, Apt. #, etc.	3. Mailing Address 1691 S.W. 17 ST. Suite, Apt. #, etc.
---	---

4. State MIAMI, FL	City & State MIAMI, FL	4. FEI Number 90-0070087	Applied For <input type="checkbox"/> Not Applicable
Zip 33145	Country	Zip 33145	Country



12102005 REIN-P CR2E098 (6/04)

6. Name and Address of Current Registered Agent FLORIDA CORPORATE REGISTERED AGENTS, INC 8180 N.W. 36 STREET SUITE 230 MIAMI, FL 33166	
--	--

7. Name and Address of New Registered Agent Name MARIA C. MAYER Street Address (P.O. Box Number is Not Acceptable) 1691 S.W. 17 ST. City MIAMI FL Zip Code 33145	
---	--

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: Cristina Mayer
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS MAYER, MARIA C 4640 SW 13 ST MIAMI, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.P.V.S MAYER, MARIA C. 1691 S.W. 17 ST. MIAMI, FL 33145 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400078068354 07/27/06--01050--020 **300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Cristina Mayer 1-19-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Page 2

EDUARDO S. GONZALEZ, P.A.

7200 N.W. 19 ST.

SUITE 301

MIAMI, FL 33126

TEL. 305-477-7447 FAX 305-477-9566

January 19, 2006

Florida Department of State
Division Of corporations
P. O. Box 6327
Tallahassee, FL 32314

Re Krisartt Home X Accessories, Inc.
Ref. No. P02000072050
Annual Report
Year: 2005

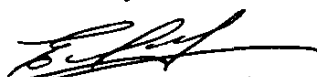
Ladies and Gentlemen;

Enclosed please find the corporation reinstatement form and the \$ 150 annual filing fee for 2005. The corporation kindly requests the abatement of the penalty because they never received the renewal notification.

The corporate offices moved during 2005. For some unknown reason the post office did not forward the annual report renewal form to the new address.

Thanking you in advance for your kind assistance I remain.

Sincerely,


Eduardo S. Gonzalez
For the firm