

2007 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

07 NOV 16 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11-26-07



REINSTATEMENT 07

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

Principal Place of Business 1691 SW 17 ST MIAMI, FL 33145 US	Mailing Address 1691 SW 17 ST MIAMI, FL 33145 US
--------------------------------------------------------------------	--------------------------------------------------------

2. Principal Place of Business - No P.O. Box # 1331 BRICKELL BAY DR. Suite, Apt. #, etc. APT. 1911 City & State MIAMI, FL Zip 33131 Country USA	3. Mailing Address 1331 BRICKELL BAY DR. Suite, Apt. #, etc. APT. 1911 City & State MIAMI, FL Zip 33131 Country USA
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------

4. FEI Number 90-0070087	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MAYER, MARIA C 1691 SW 17 ST MIAMI, FL 33145

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1331 BRICKELL BAY DR. SUITE 1911 City MIAMI FL Zip Code 33131

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, 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 1691 SW 17 ST MIAMI, FL 33145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.P.V.S MAYER, MARIA C. 1331 BRICKELL BAY DR, STE. 1911 MIAMI, FL 33131 <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	600112451686 11/20/07--01017--008 **150.00 <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 exemptions contained in Chapter 119, 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: <u>Cristina Mayer</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	11-15-07 Date Daytime Phone #

**KRISARTT HOME X ACCESSORIES, INC.
1331 BRICKELL BAY DR.
SUITE 1911
MIAMI, FL 33131**

November 15, 2007

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: 2007

Ladies and Gentlemen;

The corporation kindly requests the waiver of the \$ 400 late fee because the annual report notice was not received.

Thanking you in advance for your kind assistance I remain.

Sincerely,


For Maria C. Mayer, President