

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000055809

1. Entity Name
KRYSTAL SOLUTIONS OF FLORIDA CORP.



FILED

05 FEB 22 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
9100 SW 134TH PLACE
MIAMI, FL 33186

Mailing Address
9100 SW 134TH PLACE
MIAMI, FL 33186

2. Principal Place of Business
9100 SW 134th Place
Suite, Apt. #, etc.

3. Mailing Address
9100 SW 134th Place
Suite, Apt. #, etc.

12112004 REIN-P CR2E098 (6/04) MRS

City & State
Miami, Florida
Zip 33186 Country U.S.A

City & State
Miami, Florida
Zip 33186 Country U.S.A

4. FEI Number
E 55-0833327
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORREA, LEONARDO M JR.
9100 SW 134 PLACE
MIAMI, FL 33186 -

7. Name and Address of New Registered Agent

Name N/A
Street Address (P.O. Box Number is Not Acceptable) N/A
City N/A 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 _____
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, 2005, 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

TITLE P ☐ Delete
NAME BALUJA, LUIS SR.
STREET ADDRESS 2162 WEST 60TH STREET # 14108
CITY-ST-ZIP HIALEAH, FL 33016

TITLE VP ☐ Delete
NAME CORREA, LEONARDO M JR.
STREET ADDRESS 9100 SW 134 PLACE
CITY-ST-ZIP MIAMI, FL 33186

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

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

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: LEONARDO M. CORREA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/17/05 (786) 271-4647
Date Daytime Phone #