## 2007 FOR PROFIT CORPORATION REINSTATEMENT

## FILED DOCUMENT # P03000086643 1. Entity Name 2007 DEC 17 AM 8: 38 KRISTY'S ELECTRIC BEACH INC. TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 262 MERRITT ISLAND CSWY 262 MERRITT ISLAND CSWY SUITE 4 SUITE 4 MERRITT ISLAND, FL 32952 MERRITT ISLAND, FL 32952 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 12032007 | REIN'R City & State City & State Applied For 4. FEI Number 45-0521622 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ZIMMER, DANIEL Street Address (P.O. Box Number is Not Acceptable) 3072 CHICA CIR. MELBOURNE, FL 32904 City Zip Code FL 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 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. After January 1, 2008, Fee will be \$300.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Defete 4001132040Pf\*\*\* 12/17/07--01064--007 \*\*150 TITLE ☐ Addition NAME ZIMMER, DANIEL NAME \*\*150.00STREET ADDRESS 3072 CHICA CIR STREET ADDRESS MELBOURNE, FL 32904 CITY-ST-ZIP CITY-ST-ZIP TITLE VP ☐ Delete TITLE ☐ Change Addition ZIMMER, KRISTY NAME NAME STREET ADDRESS 3072 CHICA CIR. STREET ADDRESS MELBOURNE, FL 32904 CiTY-ST-7IP CITY-ST-ZIP THLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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: Daytime Phone #