2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000126787

Entity Name: KASYS CAPITAL CORP

FILED Oct 06, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 7436 SW 188 LANE MIAMI, FL 33157 **Current Mailing Address: New Mailing Address:** 7436 SW 188 LANE MIAMI, FL 33157 FEI Number: 26-3903604 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KASONGO, JEAN C 7436 SW 188 LANE MIAMI, FL 33157 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. SIGNATURE: JEAN C KASONGO Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PCF () Delete Title: PRFS (X) Change () Addition KASONGO, JEAN C PRES KASONGO, JEAN C PRES Name: Name: 7436 SW 188 LANE 7436 SW 188 LANE Address: Address: City-St-Zip: MIAMI, FL 33157 US City-St-Zip: MIAMI, FL 33157 US VΡ Title: VΡ Title: () Delete (X) Change () Addition CHRISTENSEN, PERRY VP Name: CHRISTENSEN, PERRY Name: EAST 1700 NORTH EAST 1700 NORTH Address: Address: MAPLETON, UT 84664 US MAPLETON, UT 84664 US City-St-Zip: City-St-Zip: () Delete Title: Title: SEC (X) Change () Addition JOHNSON, EZEKIEL JOHNSON, EZEKIEL SEC Name: Name: WEST SAINT CHARLES AVE WEST SAINT CHARLES AVE Address: Address: City-St-Zip: LAVEEN, AZ 85339 US City-St-Zip: LAVEEN, AZ 85339 US Title: (X) Delete Title: () Change () Addition IDDON, STEPHEN Name: Name: Address: 21 GWSCWM RD Address: City-St-Zip: SOUTH WALES, UK City-St-Zip: Title: (X) Delete Title: ED () Change () Addition JANEWAY, MARTIN Name: Name: 24320 SAINT PAUL LIZONNE Address: Address: City-St-Zip: CLAUZURE FRANCE, City-St-Zip: Title: () Delete Title: () Change () Addition MURPHY, JOHN EDWARD DR Name: Name: 4662 ASHBURY AVE Address: Address: City-St-Zip: City-St-Zip: CYPRESS, CA 90630

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEAN C KASONGO PRES 10/06/2009