


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000019136		
1. Entity Name KHYSTAL TRADING, INC.		

FILED  
07 MAR 12 AM 10:19

Principal Place of Business <del>251 SOUTH STATE ROAD 7</del> <del>PLANTATION, FL 33347</del>	Mailing Address <del>251 SOUTH STATE ROAD 7</del> <del>PLANTATION, FL 33347</del>
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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

2. Principal Place of Business - No P.O. Box # 2117 N. STATE ROAD 7	3. Mailing Address 2117 N. STATE ROAD 7
Suite, Apt. #, etc.	Suite, Apt. #, etc.



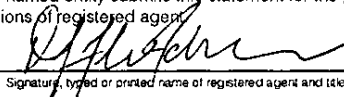
City & State HOLLYWOOD, FL	City & State HOLLYWOOD, FL
Zip 33021	Country BROWARD
Zip 33021	Country BROWARD

4. FEI Number 90-0217772	Applied For <input type="checkbox"/> Not Applicable
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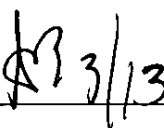
6. Name and Address of Current Registered Agent FLETCHER, ERROL <del>251 SOUTH STATE ROAD 7</del> <del>PLANTATION, FL 33347</del>	
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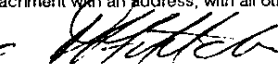
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) 2117 NORTH STATE ROAD 7	
City HOLLYWOOD	FL Zip Code 33021

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  ERROL FLETCHER	DATE 3/8/07

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLETCHER, ERROL <del>251 SOUTH STATE ROAD 7</del> <del>PLANTATION, FL 33347</del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2117 NORTH STATE ROAD 7 HOLLYWOOD, FL 33021
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 000093249140 03/16/07--01011--004 **300.00
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:  ERROL FLETCHER	Date 3/8/07 Daytime Phone # 954-336-1320