

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000138222

1. Entity Name
KRISTIANN, INC.



FILED
09 MAY 11 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1890 SOUTH 14TH STREET STE 305
AMELIA ISLAND, FL 32034

Mailing Address
1890 SOUTH 14TH STREET STE 305
AMELIA ISLAND, FL 32034

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

3205 SEA MARSH RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.



REINSTATEMENT

06062909 REIN-FL CR2E098 (1/09)

City & State

City & State

AMELIA ISLAND, FL

Zip

Country

Zip

Country

32034

NASSAU

4. FEI Number

76-0485881

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERTKE, WILLIAM D
3205 SEA MARSH ROAD
AMELIA ISLAND, FL 32034

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

W D Bertke

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/5/09

DATE

FILE NOW!!! FEE IS \$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
DPST
BERTKE, WILLIAM D
3205 SEA MARSH ROAD
AMELIA ISLAND, FL 32034 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
400155775434
05/11/09--01047--006 **308.75 ☐ Change ☐ Addition

TITLE
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☐ Delete

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

W D Bertke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5/09

904-271-3375

Date

Daytime Phone #