2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000056405

Entity Name: KRYSTALIA PREMIUM WATER, INC.

FILED Dec 04, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2740 W. 63RD PL. BLD 25 #203 6575 W 27 CT HIALEAH, FL 33016

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HIALEAH, FL 33016

Current Mailing Address: New Mailing Address:

2740 W. 63RD PL. BLD 25 #203 6575 W 27 CT

HIALEAH, FL 33016

HIALEAH, FL 33016

FEI Number: 26-2770233 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ESPINOSA, ELDER L MALESPIN, ADONIS J 2740 W. 63RD PL. BLD 25 #203 6575 W 27 CT

HIALEAH, FL 33016 HIALEAH, FL 33016 US

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: ADONIS J. MALESPIN 12/04/2009 Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

ESPINOSA, ELDER L MALESPIN, ADONIS J Name: Name: 6575 W 27 CT # 23 2740 W. 63RD PL. BLD 25 #203 Address: Address: City-St-Zip: HIALEAH, FL 33016 City-St-Zip: HIALEAH, FL 33016

Title: VD (X) Delete Title: () Change () Addition

MALESPIN, ADONIS J Name: Name: 2740 W. 63RD PL. BLD 25 #203 Address: Address: HIALEAH, FL 33016 City-St-Zip: City-St-Zip:

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: ADONIS J. MALESPIN PD 12/04/2009