

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		JUN 25 11:25 TALLAHASSEE, FLORIDA	
DOCUMENT # 8940000 53477 1. Corporation Name KRENTEN ENTERPRISES, INC.					
Principal Place of Business 1451 EGRET ROAD HOMESTEAD, FL 33035			Mailing Address 302 CRESTMONT COVE CORDOVA, TN 38018		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida JULY 20, 1994 5. FEI Number 65-0662281 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	
				Applied For Not Applicable \$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
V/D	Sieuwerd E. Krenten	5 Brahms Ave. Unit 102	Willowdale, Ontario Canada M2H-1H2		
C/D	Brigitte M. Krenten	5 Brahms Ave. Unit 102	Willowdale, Ontario Canada M2H-1H2		
P/S/T/D	Sieuwerd F. Krenten	1451 Egret Rd.	Homestead, FL 33035		
D	Danildo A. Boaretto	62 Cairnburg Place	Woodbridge, Ontario Canada L4L-3L5		
D	Elaine M. Barnes	419 Markham Rd, #303	Scarborough, Ontario Canada M7J-3E1		
			100002572941-8 -06/26/98--01007--007 ***1208.75		
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
REINSTATEMENT 95-98 56 6-25-98			Name CT CORPORATION SYSTEM		
			Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD		
			Suite, Apt. #, Etc.		
			City PLANTATION		
State FL			Zip Code 33324		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent <u>John J. Linnihan</u> Date <u>6/24/98</u> JOHN J. LINNIHAN, ASSISTANT VICE PRESIDENT					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated; the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.					
SIGNATURE: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>6/20/98</u> 901-757-0401 Daytime Phone #		

CDE040 (12/95)