

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 JAN 18 AM 10:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P950000 24050

1. Corporation Name

Kris-De Corporation

2. Principal Office Address

10830 Sandy Run

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Jupiter Florida

Zip

33478

Country

Palm Beach

City & State

Zip

Country

**REINSTATEMENT 99-08**

4. Date Incorporated or Qualified  
To Do Business in Florida

3/24/1995

5. FEI Number

65-0566865

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**7. Name and Address of Current Registered Agent**

Name

Deane L. Cady

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

10830 Sandy Run

Suite, Apt. #, Etc.

City

Jupiter FL

200003114102-9

-01/28/00--01031--001

\*\*\*908.75 \*\*\*908.75

State

FL

Zip Code

33478

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 1-13-00

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/P	Deane L. Cady	10830 Sandy Run	Jupiter, FL 33478
D/S/T	Melanie M. Weese	10830 Sandy Run	Jupiter, FL 33478
D	David Bowden	352 Bluestone Circle	Wintergarden, FL 347
D	Kris Granlund	PL 24, 02401	Kirkkonummi, Finland

10. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

*Melanie M. Weese*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-00

Date

561-741-  
0256  
Daytime Phone #