

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JAN 29 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000020488

1. Corporation Name

KRIMARKA ENTERPRISES, INC.

2. Principal Office Address

8043 HORSE FERRY RD

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 2876

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

WINDERMERE, FL

Zip

32835

Country

USA

Zip

34786-2876

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2/28/1996

5. FEI Number

59-3361957

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 1998-08

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

SAVERIO SIMONE

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

8043 HORSE FERRY ROAD

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32835

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

REGISTERED AGENT MUST SIGN

Date

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
PTD	SAVERIO SIMONE	8043 HORSE FERRY RD	ORLANDO, FL 32835
SD	MARISTELA SIMONE	8043 HORSE FERRY RD	ORLANDO, FL 32835

200116336232
01/29/08--01019--015 **2250.00

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Date

01/22/2008

Daytime Phone #

4072999981

PC 2/1