

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 APR 22 PM 3:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000026052

**1. Corporation Name**

KRISMAN ENTERPRISES INC.

**2. Principal Office Address**

1474 W. GRANADA BLVD

Suite, Apt. #, etc.

# 430

City & State

ORMOND BEACH, FL.

Zip

32174

Country

USA

**3. Mailing Office Address**

1474 W. GRANADA BLVD

Suite, Apt. #, etc.

# 430

City & State

ORMOND BEACH, FL.

Zip

32174

Country

USA

400016234004  
04/18/03--01017--001 \*\*300.00

**4. Date Incorporated or Qualified  
To Do Business in Florida**

MAR 19, 1996

**5. FEI Number**

59-3369834

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

**\$375 Additional Fee required  
for a Certificate of Status**

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

Name

JAMES B. HOWERTON

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

1474 W. GRANADA BLVD.

Suite, Apt. #, Etc.

# 430

City

ORMOND BEACH

State

FL

Zip Code

32174

**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

James B. Howerton  
REGISTERED AGENT MUST SIGN

Date

4/13/03

**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
<u>P</u>	<u>JAMES B. HOWERTON</u>	<u>4555 S. ATLANTIC AVE.</u> <u># 4202</u>	<u>POINCIANET, FL.</u> <u>32127</u>
<u>V</u>	<u>JOAN L. HOWERTON</u>	<u>4555 S. ATLANTIC AVE.</u> <u># 4202</u>	<u>POINCIANET, FL.</u> <u>32127</u>

**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:

James B. Howerton  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/13/03

Daytime Phone #

386-672-5441

CR2E081 (10/02)

## KRISMAN ENTERPRISES INC.

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1474 W. Granada Blvd. #430  
Ormond Beach, FL 32174

386-672-5441  
386-672-4337

HTUOrmond@msn.com

April 13, 2003

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam,

We moved from our previous address in June 2001 and our mail should have been forwarded to that new address. However, we did not receive the notification that the tax was due in 2002 or this year. In conversations with a fellow business person I realized I had not received those statements and contacted your department as to what to do. Thank you for the attached form and for reinstating our corporation. Attached find a check for \$300.00 to cover the tax from last year and this year.

Sincerely,



James B. Howerton