## 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P96000052496  1. Entity Name KRAZEE TEES, INC.							080	FILED EC 17 PM (	3: <b>5</b> 2			
Principal Plac			Mailing Addre				SEC	RETARY OF S AHASSEE, FL	Oblut			
7761 WEST US HIGHWAY 192 KISSIMMEE, FL 34747 US			P.O. BOX 691534 Orlando, Fl. 32869 US				IALL	HILL				
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2. Principal P	Place of Busin	ness - No P.O Box#	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				REPA	STAT	EM		TO8	
City & State			City & State				4. FEI Numb	-		<u> </u>	oplied For	
Zip	Country		Zip Cou		Country	atry		of Status Desired		8.75 Add		
	6. Name and Address of Current I			Registered Agent			7. Name and Address of New Registered Agent					
ANSARI, ZIA I						Name						
,	T US HIG	HWAY 192 747				Street Address (P.O. Box Number is Not Acceptable)						
						City				Zip Cod	le	
8. The above	named entity	v submits this statement for	or the numose of c	nanoino ite re	enistered		red agent or bo	th in the State of Flo	FL			
<ol> <li>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. I am familiar with, and accept the obligations of registered agent</li> </ol>												
SIGNATURE  Signature: Typod or purify name of registered agent and life if applicable (NOTE: Registered Agent signature required when reinstating)  DATE												
		FEE IS \$150.00 09, Fee will be \$300.	00					In accordance w corporation did r				
. 10.		OFFICERS AND	DIRECTORS		11.		ADDITIONS,	CHANGES TO OFFI	CERS AND	DIRECTOR	S IN 11	
TITLE	CP ANSARI,	71A I		Delete	TITLE					☐ Change	☐ Addition	
NAME STREET ADDRESS	1	ST US HIGHWAY 192		NAME STREET ADDRESS								
CITY-ST-ZIP	KISSIMMEE, FL 34747					iT-ZIP	17712	)01378 70801037	971	4 <u>0</u>	TIEL	
TITLE NAME	VP Delete IIII ANSARI, USAIRA Z						11/13	, nonrop i	004	The Consider	Addition	
STREET ADDRESS CITY-ST-ZIP						ADDRESS IT-ZIP						
TITLE	s			TITLE					☐ Change	☐ Addition		
NAME Street Address	KIDWAI, ARSHINA NAM					ADDRESS						
CITY-ST-ZIP		EE, FL 34747			CITY-S							
TITLE NAME				Delete	TITLE NAME					□ Change	Addition	
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP					CITY-S	IT-ZIP						
TITLE NAME				Delete	TITLE NAME					iange	☐ Addition	
STREET ADDRESS CITY+ST-ZIP					STREET CITY-S	ADDRESS T-ZIP	حنوها الألث.	Vallence a conservation	ת קי	8		
TITLE				Delete	TITLE	- L.	· u -		4 F-7	.□ Chongo	Addition	
NAME STREET ADDRESS					NAME STREET	ADDRESS						
CITY-ST-ZIP		-			CITY-S	CT - ZIP						
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as it 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 in Block 10 or Block 11 if changed, or on an attachment with an addition.												
SIGNATURE: 21A AMSM 10/31/08 407-396-7536												
SIGNATURE:  SIGNATURE A PEPPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Oute Dayling Process 8												

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