PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED

2008 FEB -6 PM 3: 24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 970000 41943

1. Corporation Name Schmitz Taylor & Kraft, Inc.

400117246284
02/06/08--01014--007 **1050.00

REINSTATEMENT 06-08

2. Principal Office Address
2250 NW 96 AVE

Suite, Apt. #, etc.
#203

City & State
Doral FL

Zip 33172   Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip   Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
65-0751941

Applied For

Not Applicable

6.
CERTIFICATE OF STATUS DESIRED ☐

$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Javier Jasbon

Street Address (P.O. Box Number is Not Acceptable)
2250 NW 96 AVENUE.

Suite, Apt. #, Etc.
#203

City Doral

State FL   Zip Code 33172.

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 _____   Date _____
REGISTERED AGENT MUST SIGN

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
P	Javier Jasbon	2250 NW 96 AVE.	#203. Doral FL. 33172
VP	Myriam Martinez	2250 NW 96 AVE #203	Miami FL. 33172

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: Javier Jasbon.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-08.
Date   Daytime Phone #

CR2E081 (9/99)