

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS



FILED

04 MAR -6 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000022383

1. Corporation Name

KRISARTT P.M. CORP.

Principal Place of Business

Mailing Address

300 ARAGON
120
CORAL GABLES FL 33143

300 ARAGON AVE
120
CORAL GABLES FL 33143

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

370 SAN LORENZO AVE.

Suite, Apt. #, etc.

SUITE NO. 2455

City & State

CORAL GABLES, FL

Zip

33146

Country

USA

3. New Mailing Office Address, If Applicable

370 SAN LORENZO AVE.

Suite, Apt. #, etc.

SUITE NO. 2455

City & State

CORAL GABLES, FL

Zip

33146

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

03/10/1999

5. FEI Number

65-0898438

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	MAYER, MARIA C	4710 SW 85 STREET	CORAL GABLES FL 33143 33146
D	MAYER, MARIA C.	370 SAN LORENZO AVE. SUITE NO. 2455 CORAL	CORAL GABLES, FL 33146
			300027634463 03/04/04--01008--004 **150.00
			300027634463 01/27/04--01007--002 **750.00

8. Name and Address of Current Registered Agent

MAYER, MARIA C
4710 SW 85 STREET
CORAL GABLES FL 33143

9. Name and Address of New Registered Agent

Name

MAYER, MARIA C.

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

370 SAN LORENZO AVE.

Suite, Apt. #, Etc.

SUITE NO. 2455

City

CORAL GABLES

State

FL

Zip Code

33146

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

Christina Fagan
REGISTERED AGENT MUST SIGN

Date

11. 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:

Christina Fagan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 567-8930

CR2040 (7/03)