



2007 FOR PROFIT CORPORATION REINSTATEMENT

| | | | | | | | |
|--|---|--|--|--|---|--|--|
| DOCUMENT # P99000022383 1. Entity Name KRISARTT P.M. CORP. | | | |  | | FILED 07 OCT 24 PM 1:06 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| Principal Place of Business 1691 S.W. 17 ST. MIAMI, FL 33145 | | | | Mailing Address 1691 S.W. 17 ST. MIAMI, FL 33145 | | | |
| 2. Principal Place of Business - No P.O. Box # 1331 BRICKELL BAY DR. | | 3. Mailing Address 1331 BRICKELL BAY DR. | |  REINSTATEMENT 10042007 REINSP CRZE098 (1/07) 07 | | | |
| Suite, Apt. #, etc. APT. 1911 | | Suite, Apt. #, etc. APT. 1911 | | | | | |
| City & State MIAMI FL | | City & State MIAMI FL | | | | | |
| Zip 33131 | | Country USA | | Zip 33131 | | Country USA | |
| 4. FEI Number 65-0898438 | | | | Applied For <input type="checkbox"/> Not Applicable | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent MAYER, MARIA C 1691 S.W. 17 ST. MIAMI, FL 33145 | | | | 7. Name and Address of New Registered Agent Name MAYER, MARIA C. Street Address (P.O. Box Number is Not Acceptable) 1331 BRICKELL BAY DR. APT. 1911 City MIAMI FL Zip Code 33131 | | | |
| 8. 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. | | | | | | | |
| SIGNATURE <u><i>[Signature]</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | DATE <u>10-19-07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00 | | | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP MAYER, MARIA C 1691 S.W. 17 ST. MIAMI, FL 33145 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ADD MAYER, MARIA C. 1331 BRICKELL BAY DR. APT 1911 MIAMI, FL 33131 <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 400111301234 10/24/07--01049--007 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 10/10/25 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 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 supplemental report is true and accurate and that my signature shall have the same legal effect as if 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 address, with all other like empowered. | | | | | | | |
| SIGNATURE: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | DATE <u>10-19-07</u> <small>Date</small> | | | |
| Daytime Phone # | | | | Daytime Phone # | | | |