


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

05-06

FILED


2007 JAN 18 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 712063 1. Entity Name CRYSTAL COURT NO. 4 CONDOMINIUM, INC.	
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Principal Place of Business 2621 & 2623 GRANT STREET HOLLYWOOD, FL 33020	Mailing Address 2621 GRANT ST #12-B HOLLYWOOD, FL 33020
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2. Principal Place of Business	3. Mailing Address <i>2621-2623 Grant St</i>	Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State	City & State <i>Hollywood FL 33020</i>	4. FEI Number <i>59-2397748</i>
Zip	Country <i>Broward</i>	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required



12182006 REIN-NP CR2E099 (11/05)

Applied For	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>

6. Name and Address of Current Registered Agent GROSSINGER, YVES 2621 GRANT ST. APT. 12B HOLLYWOOD, FL 33020	7. Name and Address of New Registered Agent Name <i>Ronald Perreault</i> Street Address (P.O. Box Number is Not Acceptable) <i>2623-2623 Grant St</i> City <i>Hollywood</i> FL Zip Code <i>33020</i>
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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 *Ronald Perreault* DATE *06 JAN 2007*

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$236.25 After January 1, 2007, Fee will be \$297.50		Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	ST RHOOMS, KENIESHA	<input checked="" type="checkbox"/> Delete	TITLE	<i>S. Karen Toribia</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2621 GRANT STREET, SUITE 1A		NAME	<i>4040 N. Hills Dr #39</i>	
STREET ADDRESS	HOLLYWOOD, FL 33020		STREET ADDRESS	<i>Hollywood FL 33021</i>	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	P CANNIS, JERRY	<input checked="" type="checkbox"/> Delete	TITLE	T. CRISSIE DOMINGUEZ	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2623 GRANT ST #4A		NAME	<i>2623 Grant St #5B</i>	
STREET ADDRESS	HOLLYWOOD, FL 33020		STREET ADDRESS	<i>Hollywood, FL 33020</i>	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D HAUPTERT, ROBERT	<input checked="" type="checkbox"/> Delete	TITLE	P. J RONALD PERREAULT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2623 GRANT ST #6-B		NAME	<i>2623 Grant St #36</i>	
STREET ADDRESS	HOLLYWOOD, FL 33020		STREET ADDRESS	<i>Hollywood, FL 33020</i>	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D CANNIS, ANTHONY	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2623 GRANT ST #3A		NAME		
STREET ADDRESS	HOLLYWOOD, FL 33020		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-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 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 617, 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: *Crisse Dominguez* DATE *1-7-07* DAYTIME PHONE # *305-431-4330*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19
an