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Centur[illegible] National Bank / Chrisnat, LLC 6387-13

Florida Department of State
Division of Corporations
Public Access System
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Fax Number : (850)205-0383

From:
Account Name : ZIMMERMAN, SHUFFIELD, KISER & SUTCLIFFE, P.A.
Account Number : I19990000006
Phone : (407)425-7010
Fax Number : (407)425-2747

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT

CHRISNAT, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$255.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

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

DOCUMENT # L99000002549

1. Limited Liability Company's Name

CHRISNAT, LLC

2000-2001-2002

2. Principal Office Address	**3.** Mailing Office Address
701 E. Washington St	701 E. Washington St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, Florida	City & State: Orlando, Florida
Zip: 32801 Country: USA	Zip: 32801 Country: USA

4. State/Country of Formation: Florida / USA

5. Date Organized or Qualified To Do Business in Florida: 05/05/1999

6. FEI Number: 59-3714865 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Robert P. Saltsman

Street Address (P.O. Box Number is Not Acceptable): 222 West Comstock Avenue

Suite, Apt. #, Etc.: 210

City: Winter Park | State: FL | Zip Code: 32789

9. I, being appointed the registered agent of the above-named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Robt Saltsman Date: 2/20/02

REGISTERED AGENT MUST SIGN

CR2E041 (8/01)

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/ Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Douglas R. Tygielski	701 E Washington St	Orlando, FL 32801
	REINSTATEMENT 2000-2001-2002		

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager: [signature] Date: 2/20/02 Daytime Phone#: 407 841-7500

Typed or printed name of signing Managing Member/Manager: Douglas R. Tygielski

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