

1052

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

**CORPORATION REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **PO2000026070**

1. Corporation Name  
**Cristian Lay Inc.**

2. Principal Office Address  
2711 Centerville Road  
Suite, Apt. #, etc. **Suite 400**  
City & State  
**Wilmington, DE**  
Zip Country  
**19808 US**

3. Mailing Office Address  
2711 Centerville Road  
Suite, Apt. #, etc. **Suite 400**  
City & State  
**Wilmington, DE**  
Zip Country  
**19808 US**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT 03-04**

4. Date Incorporated or Qualified To Do Business in Florida **March 8, 2002**

5. FE Number  Applied For  Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **Corporation Service Company**

Street Address (P.O. Box Number is Not Acceptable)  
**1201 Hays Street**

Suite, Apt. #, Etc.

City **Tallahassee** State **FL** Zip Code **32301-2607**

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 **Jeanine Reynolds** Date **3-15-04**

REGISTERED AGENT MUST SIGN **as its agent**

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
president	Ricardo Leal Cordobés	Carretera Badajoz	06380 Jerez de las Caballeros Badajoz (Spain)
secretary	Enrique Fiestas Garcia	Carretera Badajoz	06380 Jerez de las Caballeros Badajoz (Spain)

10. I hereby declare I am an officer or director or the receiver or trustee empowered to execute this application as provided for in section 607 or 617, F.S.; I further certify that when filing this reinstatement application, the reason for dissolution has been retracted, the corporation satisfies the requirements of section 607.0461 or 617.0401, F.S., and all taxes owed by the corporation have been paid and the names of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 (7)(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: **Secretary March 12 2004** 0113460926928

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Florida Department of State  
Division of Corporations  
Public Access System

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Division of Corporations  
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From:  
Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850) 521-1000  
Fax Number : (850) 558-1575

H2C

CORPORATION REINSTATEMENT

CRISTIAN LAY, INC.

Certificate of Status	1
Certified Copy	0
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Estimated Charge	\$908.75

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