PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2019 JAN 29 AM 9:01
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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01/29/19--01005--029 **750.00

DOCUMENT #P14000013514

1. Corporation Name
CRIETER INC

CR2E081 (11/16)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1300 Crossbill Ct.	1300 Crossbill Ct.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Weston, FL	City & State: Weston FL
Zip: 33327 Country: US	Zip: 33327 Country: US

4. Date Incorporated or Qualified To Do Business in Florida 02/12/2014

5. FEI Number 46-4825366 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. **Name and Address of Current Registered Agent**

Name: Annabella Dalzin

Street Address (P.O. Box Number is Not Acceptable): 1931 NW 150th Ave

Suite, Apt. #, Etc.

City: Pembroke Pines State: FL Zip Code: 33028

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: A S Peete — Date: 01/05/2019
REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PVTS	Basurto, Estela	1300 Crossbill Ct.	Weston, FL 33327

10. **E-mail Address:** info@dalzinservices.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Estela Basurto — 01/05/2019
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

T MOORE
JAN 31 2019