

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED AND FILED

CORPORATION REINSTATEMENT



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

00 MAY 22 PM 12: 01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 996000019689

1. Corporation Name  
Crystal Dreams Banquet Hall, Inc.

2. Principal Office Address  
6042 W. Oakland PK Blvd.  
Suite, Apt. #, etc.

3. Mailing Office Address  
6042 W. Oakland PK Blvd.  
Suite, Apt. #, etc.

City & State  
Sunrise, Florida

City & State  
Sunrise Florida

Zip Country  
33313 U.S.A.

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33313 U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida  
Mar 4-1996

5. FEI Number  
65-0644021  
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  
Sergio Saramillo

Street Address (P.O. Box Number is Not Acceptable)  
10111 N.W. 32 ST.

Suite, Apt. #, Etc.

City  
Sunrise

State Zip Code  
FL 33351

500003284425-5  
-06/12/00--01026--007  
\*\*\*1208.75 \*\*\*1208.75

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  
  
REGISTERED AGENT MUST SIGN

Date 5-15-00

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
President	Gustavo Saramillo	190 S.W. 72 Terr.	Hargate, FL 33068
Vic-Prc	Sergio Saramillo	10111 N.W. 32 ST.	Sunrise, FL 33351

REINSTATEMENT 9700

10. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 5-15-00 (254)  
Daytime Phone # 748-1300

CR2E081 (9/99)