PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State Division of Corporations	04 SEP 21 PM 12: 41
DOCUMENT # 70 2723 1. Corporation Name		SECRETARY OF STATE TALLAHASSEE, FLORIDA
CRYSTAL COURT NO. 1, INC.		4/22/03 91495 014 61,25
2. Principal Office Address 2514 HAVES ST.	3. Mailing Office Address / C/o HARITOS	
Suite, Apt. #, etc.	Suite Apt. # etc. 450 SEVENTH AVE	REINSTATEMENT 03-64
City & State	SUITE 2205	To Do Business in Florida ///21/1961
HOLLYWOOD, FLA	NEW YORK NY	5. FEI Number Applied For Not Applicable
33020 Country 3A	Zip OOOI Country SA	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name Cus HARITOS (c/o Dorothy Maleo) Street Address (B.O. Box Number is Not Acceptable) Street Address (B.O. Box Number is Not Acceptable)		
HOLLYWOOD FL 33020		
8. I, being appointed the registered agent of the above damed corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent REGISTERED AGENT MUSTSION Date		
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
DP STEVE VARGA /	PRESIDENTI PRESIDENTI	11000000 10 33000
	PRETIDENT 2514 HAVES ST, AL	
D/S TIMOTHY MULLEN	Secret 2516 HAYES ST, A	PT 7 HOLLY WOOD, FL. 33020
DTGUS HARMOS TR	EASURER 2514 HAVES ST, A	PT 2 HOLLYWOOD, FL. 33020
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date		