

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 NOV -1 PM 5:11

DOCUMENT # H77435

1. Corporation Name

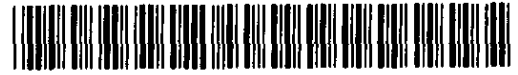
CRISTA, INC.

Principal Place of Business

4400 N. POWERLINE ROAD
POMPANO BEACH FL 33073

Mailing Address

PMB 4-472
7040 W. PALMETTO PK. RD.
BOCA RATON FL 33433



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date incorporated or Qualified
To Do Business in Florida

09/24/1985

5. FEI Number

59-2669694

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	JIMENEZ, CRISTOBAL J.	4400 N. POWERLINE RD.	POMPANO BEACH FL
DST	JIMENEZ, BERTA B.	4400 N. POWERLINE RD.	POMPANO BEACH FL
			9000003468839--1 -11/17/00--01070--013 *****50.00 *****750.00 \$714/15

8. Name and Address of Current Registered Agent

JIMENEZ, CRISTOBAL J.
PMB 4-472
7040 W. PALMETTO PK. RD.
BOCA RATON FL 33433

9. Name and Address of New Registered Agent

Name

JUAN F GARCIA

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

4400 N POWERLINE RD

Suite, Apt. #, Etc.

City

POMPANO BEACH

State

Zip Code

FL 33073-3005

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/20/00

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., 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

10/20/00 954/974-4479
Date Daytime Phone #

CR2E040 (8/00)