

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1996 APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 SEP 19 AM 10:24

Wg/19

DOCUMENT # K56117

1. Corporation Name

CRISTAL I INVESTMENT, INC.

Principal Place of Business

C/O JULIO GUANCHE
1397 W. 61 PL
HALEAH FL 33012

Mailing Address

9455 COLLINS AVE.
807
SURFSIDE FL 33154
US



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

2. New Principal Office Address, If Applicable

9455 COLLINS AVE #807

3. New Mailing Office Address, If Applicable

9455 COLLINS AVE #807

4. Date Incorporated or Qualified To Do Business in Florida

01/06/1989

Suite, Apt. #, etc.

SURFSIDE

Suite, Apt. #, etc.

SURFSIDE

5. FEI Number

65-0095028

Applied For

Not Applicable

City & State

FL

City & State

FL

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

Zip

33154

Country

USA

Zip

33154

Country

USA

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	GUANCHE, JULIO	9455 COLLINS AVE STE 807	SURFSIDE FL
			9000001963458 10/03/96-01016-014 ***375.00 ***375.00

8. Name and Address of Current Registered Agent

GUANCHE, JULIO
9455 COLLINS AVE STE 807
SURFSIDE FL 33154

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

9/16/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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 TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

JULIO GUANCHE as presid.

Date

9/16/96

Daytime Phone #

305 8684275