


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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**FILED**  
06 APR 20 PM 3:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # K64917

1. Corporation Name  
CHRISTIAN WAIDELE  
E ASS.

700073521267  
05/01/06--01059--012 \*\*450.00

2. Principal Office Address # 333  
180 Isle of Venice Dr.

3. Mailing Office Address  
Same

Suite, Apt. #, etc.  
# 333

Suite, Apt. #, etc.

City & State  
Ft. Lauderdale Fl.

City & State

Zip Country  
Fl. 33301 USA

Zip Country

**REINSTATEMENT** 04-06

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
65-011 0282

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  
CHRISTIAN WAIDELE / MIRNA WAIDELE

Street Address (P.O. Box Number is Not Acceptable)  
180 Isle of Venice Dr.

Suite, Apt. #, Etc.  
# 333

City  
Ft. Lauderdale

State  
FL

Zip Code  
33301

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  
Mirna Waidele

Date  
4/7/06

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
President	CHRISTIAN WAIDELE	180 Isle of Venice Dr. # 333	Ft. Lauderdale Fl. 33301
Treasurer	MIRNA WAIDELE	180 Isle of Venice Dr. # 333	Ft. Lauderdale Fl. 33301

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 contained in Chapter 119, 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: Mirna Waidele MIRNA WAIDELE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/7/06

B. Mitchell APR 21 2006