## 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

## FILED **DOCUMENT #L03000001278** CRISTHEL ENTERPRISES, L.L.C. 2007 APR 17 AM 10: 03 SECRETARY OF STATE Mailing Address Principal Place of Business SSEE, FLORIDA 101 CRANDON BLVD 101 CRANDON BLVD SUITE 177 **SUITE 177** KEY BISCAYNE, FL 33149 KEY BISCAYNE, FL 33149 2. Principal Place of Business - No P.O. Box # 3. Mailino Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04092007 REIN-LLC CR2E101 (1/07) 4 FELNumber Applied For City & State City & State 25-1902091 Not Applicable Country Zip Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent QUESADA, G. FRANK Street Address (P.O. Box Number is Not Acceptable) 1313 PONCE DE LEON BLVD STE. 200 CORAL GABLES, FL 33134 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and site if applicable (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to FILE NOW!!! FEE IS \$200.00 Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MM ☐ Delete TITLE ☐ Change ☐ Addition TATE F TELLEZ, GUSTAVO NAME NAME 200101935382 05/09/07--01008---005 \*\*\*20 555 CRANDON BLVD., #44 STREET ADDRESS STREET ADDRESS \*\*200.00 KEY BISCAYNE, FL 33149 CITY-ST-ZIP CITY-ST-ZIP MM Delete TITLE Change ☐ Addition TITLE FANDINO, LILIA CRISTINA NAME NAME 555 CRANDON BLVD., #44 STREET ADDRESS STREET ADDRESS KEY BISCAYNE, FL 33149 CITY-SI-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition TITLE Delete TITLE REMETATEMENT 06-07 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE Delete ☐ Change NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. 786-663 - 1783 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #