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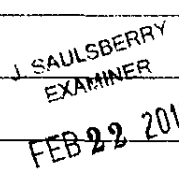
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2013 FEB 21 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/11)

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>LD3000026318</u> 1. Limited Liability Company's Name <u>Christa, LLC n/k/a Christa Touch, LLC</u>			
2. Principal Office Address - No P.O. Box # <u>19455 SW 288 Street</u> Suite, Apt. #, etc. City & State <u>Homestead, FL</u> Zip <u>33030</u>		3. Mailing Office Address <u>19455 SW 288 Street</u> Suite, Apt. #, etc. City & State <u>Homestead, FL</u> Zip <u>33030</u>	
Country <u>USA</u>		Country <u>USA</u>	
4. State/Country of Formation <u>Florida</u>		5. Date Organized or Qualified To Do Business in Florida <u>7/18/2003</u>	
6. FEI Number <u>562382412</u>		Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent Name <u>Sandra T. Lynn, Esq.</u> Street Address (P.O. Box Number is Not Acceptable) <u>7 Barracuda Lane</u> Suite, Apt. #, Etc. City <u>Homestead</u>			
State <u>FL</u>		Zip Code <u>33030</u>	
E-mail Address: <u>600244948946</u> <u>02/21/13--01030--029 **536.25</u> <u>sandy@heavenlytouchmiami.com</u> (To be used for future annual report notices)			
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent _____ Date <u>2/20/2013</u> REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
mm	Donald Trezona	19455 SW 288 Street	Homestead, FL 33030
<div style="display: flex; justify-content: space-between;"> <div>  J. SAULSBERRY EXAMINER FEB 22 2013 </div> <div> REINSTATEMENT <u>2011-2013</u> </div> </div>			
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.			
Signature of Managing Member/Manager _____ Date <u>2-13-13</u> Daytime Phone # <u>305-242-4441</u> Typed or printed name of signing Managing Member/Manager: <u>Donald G. Trezona</u>			