

516.25

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2013 FEB 21 AM 8:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (1/11)

4. State/Country of Formation  
Florida

5. Date Organized or Qualified  
To Do Business in Florida 7/18/2003

6. FEI Number 562382412 Applied For Not Applicable

7. CERTIFICATE OF STATUS DESIRED  \$5.00 Additional Fee required for a Certificate of Status

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # LD3000026318

1. Limited Liability Company's Name  
Christa, LLC n/k/a Christa Touch, LLC

2. Principal Office Address - No P.O. Box #  
19455 SW 288 Street

Suite, Apt. #, etc

3. Mailing Office Address  
19455 SW 288 Street

Suite, Apt. #, etc.

City & State  
Homestead, FL

City & State  
Homestead, FL

Zip Country  
33030 USA

Zip Country  
33030 USA

8 Name and Address of Current Registered Agent

Name  
Sandra T. Lynn, Esq.

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

Suite, Apt. #, Etc.

City  
Homestead

State Zip Code  
FL 33030

E-mail Address:

600244948946  
02/21/13--01030--029 \*\*536.25

sandy@heavenlytouchmiami.com

(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 2/20/2013

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

J. SAULSBERRY  
EXAMINER  
FEB 22 2013

REINSTATEMENT  
2011-2013

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 2-13-13 Daytime Phone # 305-242-4441

Typed or printed name of signing Managing Member/Manager Donald G. Trezona