

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000010571

1. Entity Name  
CHRISTA MIAMI HOLDINGS, LLC



FILED  
07 JAN 24 PM 3:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
119 VICTOR HEIGHTS PKWY  
VICTOR, NY 14564

Mailing Address  
119 VICTOR HEIGHTS PKWY  
VICTOR, NY 14564

ab



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01192007 REIN-LLC CR2E101 (1/07)

City & State

City & State

4. FEI Number  
43-2075620

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

Name

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

City

FL

Zip Code

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.

JAMES M. NEWSOME

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

Special Assistant Secretary

(NOTE: Registered Agent signature requires a notary statement)

DATE

1/23/07

FILE NOW!!! FEE IS \$200.00

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
CHRISTA, DAVID  
119 VICTOR HEIGHTS PKWY  
VICTOR, NY 14564 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
100086823495 Change ☐ Addition  
01/31/07--01049--025 \*\*100.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

James M. Newsome, Authorized Representative

585-987-2856

Daytime Phone #

REINSTATEMENT 2006-2007

L05000010571

CHRISTA MIAMI HOLDINGS, LLC  
119 Victor Heights Parkway  
Victor, New York 14564

January 22, 2007

FILED  
07 JAN 24 PM 3:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Florida Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

YRC

RE: Reinstatement of Christa Miami Holdings, LLC  
Document Number L05000010571

Dear Sir/Madam:

Attached is the original 2007 Limited Liability Company Reinstatement form, necessary to reinstate Christa Miami Holdings, LLC on the records of the Florida Department of State.

We hereby request that the reinstatement fee be waived for the reason that the referenced company never received the 2006 annual report to file with the Department of State, thus resulting in the company's revocation.

Thank you for your consideration of this request.

Very truly yours,

CHRISTA MIAMI HOLDINGS, LLC



David Christa  
Manager