


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 2004 MAY -4 AM 10: 22
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # L97000000268

1. Limited Liability Company's Name

CHRISDEL, L.C.

700032762617
04/14/04--01067--009 **200.00

2. Principal Office Address

785 Harbour Isles Court

Suite, Apt. #, etc.

3. Mailing Office Address

785 Harbour Isles Court

Suite, Apt. #, etc.

4. State/Country of Formation
Florida, USA

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number
65-0738969

Applied For
Not Applicable

City & State

North Palm Beach, FL

City & State

North Palm Beach, FL

Zip
33410

Country
USA

Zip
33410

Country
USA

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Idelle H. Paasche-Saunders - MGRM

Street Address (P.O. Box Number is Not Acceptable)
785 Harbour Isles Court

Suite, Apt. #, Etc.

City
North Palm Beach

State
FL

Zip Code
33410

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
Odelle H. Paasche-Saunders

Date
04/30/04

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mem	<i>Idelle H. Paasche-Saunders</i> MGRM	785 Harbour Isles Court	North Palm Beach, FL 33410
Mem	<i>Christopher C. Saunders</i> MGRM	785 Harbour Isles Court	North Palm Beach, FL 33410

REINSTATEMENT 03-04
JS

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.

Signature of Managing Member/Manager
Odelle Paasche-Saunders MGRM Date
04/12/04 Daytime Phone # 561-493-8068

Typed or printed name of signing Managing Member/Manager
IDELLE PAASCHE-SAUNDERS