

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 NOV -5 AM 11:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **M51852**

1. Corporation Name

**CRISTAL ONE GRAPHICS, INC.**

Principal Place of Business

~~3012 N. 20 AVE.~~  
~~HOLLYWOOD FL 33020~~  
~~46-~~

**269 N University Dr**  
**Pembroke Pines, FL 33024**

Mailing Address

~~3912 N. 20 AVE.~~  
~~HOLLYWOOD FL 33020~~  
~~46-~~

**269 N University Dr**  
**Pembroke Pines, FL 33024**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

**269 N University Dr**  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

**Same**

City & State

**Pembroke Pines, FL**

City & State

Zip

**33024**

Country

**USA**

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**05/11/1987**

5. FEI Number

**59-2802128**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required  
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
V	ESPER, ALFRED	5877 SW 119TH AVE.	COOPER CITY FL 33330
P	ESPER, GEORGE	9500 SW 8TH ST. 16774 NW 14 Court	PEMBROKE PINES FL 33028

300002343523--D  
-11/10/97--01166--013  
\*\*\*\*165.00 \*\*\*\*165.00

SL  
11-7-97

8. Name and Address of Current Registered Agent

**BOLTON, GEORGE J., ESQ.**  
**13499 BISCAYNE BLVD.**  
**SUITE 203**  
**NORTH MIAMI FL 33181**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on Intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/97 954 922-7404  
Date Daytime Phone #

(2)



C r i s t a l O n e G r a p h i c s

November 3, 1997

Department of State  
Division of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314

Re: 59-2802128

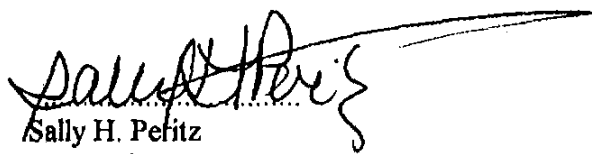
Per my conversation with Amy Allen on 10-31-97, I am enclosing a check in the amount of \$165.00 for the filing fee of the annual corporation for Cristal One Graphics.

The reason why this was not filed was because this office was relocated and our mail was not forwarded. I now know after speaking with Amy that it is my company's responsibility to file this report regardless of anything.

Please accept our reinstatement and we assure that this will never happen again.

I am sorry for all of the inconvenience this has caused.

Sincerely,

  
Sally H. Pefitz  
Accounting Manager

cc: George Esper  
Al Esper

Encl.