

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000006385

FILED  
Oct 06, 2006  
Secretary of State

Entity Name: CRISTO VIVE, INC.

**Current Principal Place of Business:**

500 W. 78 STREET  
HIALEAH, FL 33014

**New Principal Place of Business:**

**Current Mailing Address:**

500 W. 78 STREET  
HIALEAH, FL 33014

**New Mailing Address:**

FEI Number: 65-1061533

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PEREZ, RENE J  
7201 W. 29 WAY  
HIALEAH, FL 33018 US

**Name and Address of New Registered Agent:**

PEREZ, RENE J  
3550 NE 169 STREET  
300  
NORTH MIAMI BEACH, FL 33160 US

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.

SIGNATURE: RENE PEREZ

10/06/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PEREZ, RENE J  
Address: 7201 W. 29TH WAY  
City-St-Zip: HIALEAH, FL 33018

Title: SD ( ) Delete  
Name: DE ARMAS, FATIMA  
Address: 680 W. 70TH PL.  
City-St-Zip: HIALEAH, FL 33014

Title: TD ( ) Delete  
Name: MUNOZ, MARISELA  
Address: 2985 W. 80TH STREET, APT. #212  
City-St-Zip: HIALEAH, FL 33018

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: PEREZ, RENE J  
Address: 3550 NE 169 STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RENE PEREZ

PD

10/06/2006

Electronic Signature of Signing Officer or Director

Date