
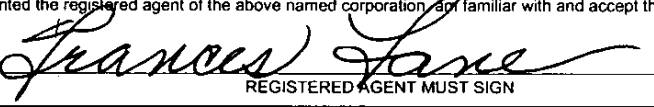


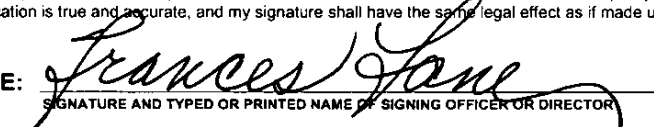
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	SEC DIVISION 06 OCT 26 AM 11:03
DOCUMENT # N04 00000100 21			
1. Corporation Name CRYSTAL HILLS III, INC.			
2. Principal Office Address 912 SE 15TH COURT <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address 912 SE 15TH COURT <small>Suite, Apt. #, etc.</small>	
City & State DEERFIELD BEACH, FL		City & State DEERFIELD BEACH, FL	
Zip 33064	Country USA	Zip 33064	Country USA
		4. Date Incorporated or Qualified To Do Business in Florida 10/22/2004	
		5. FEI Number NONE	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name FRANCES LANE		
Street Address (P.O. Box Number is Not Acceptable) 912 SE 15TH COURT		
Suite, Apt. #, Etc.		
City DEERFIELD BEACH	State FL	Zip Code 33064

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.	
Signature of Registered Agent  REGISTERED AGENT MUST SIGN	Date 10/23/2006

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	FRANCES LANE	912 SE 15TH COURT	DEERFIELD BEACH, FL 33064
T/D	DONALD WADE	18140 SW 108 AVENUE	MIAMI, FL 33157-5155

10. 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 contained in Chapter 119, 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: 	10/23/2006	954-421-0017	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>	