

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JUN 16 PM 12:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P00000116493

**1. Corporation Name**

CRISTEK, INC.

1717 N BAYSHORE DRIVE  
1717 N BAYSHORE DRIVE

**2. Principal Office Address**

1717 N BAYSHORE DRIVE

**3. Mailing Office Address**

1717 N BAYSHORE DRIVE

Suite, Apt. #, etc.

SUITE 3342

Suite, Apt. #, etc.

SUITE 3342

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33132

Country

USA

Zip

33132

Country

USA

**4. Date Incorporated or Qualified**

To Do Business in Florida 12/21/2000

**5. FEI Number**

☒ Applied For

☐ Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

DENNIS R. BEDARD

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

1717 N BAYSHORE DRIVE

Suite, Apt. #, Etc.

SUITE 215

City

MIAMI

State

FL

Zip Code

33132

**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 JUNE 15, 2004

**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
PS	DARWEESH, AHMED TAREK	1717 N BAYSHORE DR. UNIT 4234	MIAMI, FLORIDA 33132
VT	DARWEESH, CHRISTINE D	1717 N BAYSHORE DR. UNIT 4234	MIAMI, FLORIDA 33132

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REINSTATEMENT 01-04

**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 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:**

CHRISTINE D. DARWEESH JUNE 15, 2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)