

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 SEP 22 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000011006

1. Corporation Name

IMIGRANTE CRISTAO CORPORATION

2. Principal Office Address

600 S FEDERAL HWY

Suite, Apt. #, etc.

SUITE 202

City & State

DEERFIELD BEACH - FL

Zip

33441

Country

USA

3. Mailing Office Address

600 S FEDERAL HWY

Suite, Apt. #, etc.

SUITE 202

City & State

DEERFIELD BEACH - FL

Zip

33441

Country

USA

REINSTATEMENT

03-06

4. Date incorporated or Qualified
To Do Business in Florida

5. EEL Number

75-2978390

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

SANDRA G SEIDEL

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

600 S FEDERAL HWY

Suite, Apt. #, Etc.

SUITE 202

City

DEERFIELD BEACH

State

FL

Zip Code

33441

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

Sandra G. Seidel

REGISTERED AGENT MUST SIGN

Date 09/11/2006

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
PRESIDENT	SANDRA G SEIDEL	600 S FEDERAL HWY	DEERFIELD BEACH - FL - 33441

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:

Sandra G. Seidel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/11/2006

Date

(754) 367-1613

Daytime Phone #

K. Eckel SEP 25 2006

2/2

TO
FLORIDA DEPARTMENT OF STATE
SECRETARY OF STATE
DIVISION OF CORPORATIONS
P. O. BOX 6327
TALLAHASSEE - FL - 32314

TO WHOM MAY CONCERN

I would like to inform you that I have a profit corporation by the following name:

IMIGRANTE CRISTAO CORPORATION
P02000011006

My corporation has its articles filed with Florida Department of State-Division of Corporation on 01/30/2002.

I have paid my 2003 Annual Report regularly by check # 2045 = \$ 150.00 - cleared at the bank on 05/21/2003, but for some reason the Division of Corporation has dissolved my corporation on 09/19/2003.


From this date I changed my address and I did not receive the ANNUAL REPORT NOTICE anymore.

I am sending a check for reinstate my company for \$ 600.00, concerning 2003, 2004, 2005 and 2006.

If you have any doubt feel free to contact me at phone (754) 367-1613.

I thank you in advance for your attention.

Best regards


Sandra G. Seidel
600 S FEDERAL HWY
SUITE 202
DEERFIELD BEACH - FL - 33441