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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC -8 PM 12:02

DOCUMENT # P02000126650

1. Corporation Name

CRYSTELL, INC.

300025426343
12/11/03--01060--005 **158.00

REINSTATEMENT

23

2. Principal Office Address

13052 SW 133rd CT

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Miami

Zip

Country

FL

33186

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

12/02/02

5. FEI Number

13-4224302

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

Reginald Gousse

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

15591 SW 105 Terr # 5210

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33196

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 12/05/03

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
<u>PT</u>	<u>Reginald Gousse</u>	<u>15591 SW 105 Terr # 5210</u>	<u>Miami, FL, 33196</u>

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:

Reginald Gousse
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/05/03
Date

(786) 6192797
Daytime Phone #

CR2E081 (10/02)

2/2



Division of Corporation

To whom it may concern

As per our conversation I never received the form for annual reporting. Please find enclosed a check for \$150 and our new address @ 13052 SW 133 CT Miami FL 33186.

Sincerely
Reginald Gousse, President
Crystell, Inc.

A handwritten signature in black ink, appearing to be "Reginald Gousse", written over the typed name.