

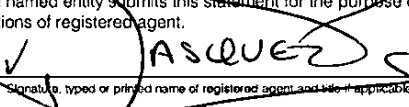
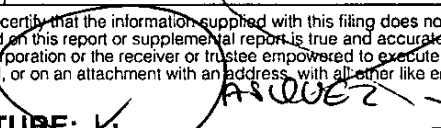


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

1092

<b>DOCUMENT # P03000056147</b> 1. Entity Name <b>CRISLEKAT, CORP.</b>					
Principal Place of Business <b>6385 W 24 AVE STE 37 HIALEAH, FL 33016</b>				Mailing Address <b>6385 W 24 AVE STE 37 HIALEAH, FL 33016</b>	
2. Principal Place of Business <b>6385 W 24 Ave</b> Suite, Apt. #, etc. <b>APT. # 5</b>		3. Mailing Address <b>P.O. Box 161018</b> Suite, Apt. #, etc.			
City & State <b>Hialeah, FLORIDA</b>		City & State <b>HIALEAH, FLORIDA</b>		4. FEI Number <b>043759483</b>	
Zip <b>33016</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>VASQUEZ, ARSENIO L 6385 W 24 AVE STE 37 HIALEAH, FL 33016</b>				7. Name and Address of New Registered Agent Name <b>VASQUEZ, ARSENIO L</b> Street Address (P.O. Box Number is Not Acceptable) <b>6385 W 24 Ave Suite 5</b> City <b>Hialeah, FL</b> Zip Code <b>33016</b>	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  <b>ASQUEZ</b> <b>Arsenio Vasquez</b> <b>8/9/05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>VASQUEZ, ARSENIO L</b> <b>6385 W 24 AVE STE 37</b> <b>HIALEAH, FL 33016</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>Vasquez, Arsenio L</b> <b>6385 W 24 Ave Ste 5</b> <b>HIALEAH, FL 33016</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <b>LAZO, ESTER</b> <b>6385 W 24 AVE STE 37</b> <b>HIALEAH, FL 33016</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <b>LAZO, ESTER</b> <b>6385 W 24 Ave Ste 5</b> <b>HIALEAH, FL 33016</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>600058488376</b> <b>08/11/05--01056--001</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  <b>ARSENIO VASQUEZ</b> <b>8/9/05</b> <b>(305) 231-3287</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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Tuesday, August 09, 2005

To: Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

From: Crislekat, Corp  
6385 W 24 Ave Suite #5  
Hialeah, FL 33016

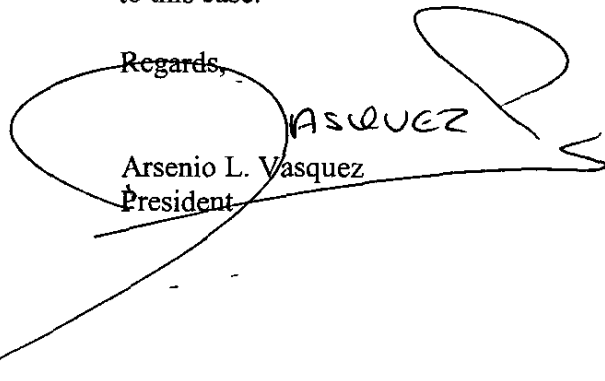
**Re: Document Number: P03000056147**

To Whom It May Concern:

By this letter I, Arsenio L. Vasquez, president of Crislekat, Corp will like to request from you the reactivation of my corporation with the State of Florida. I did not registered on time last year because the registration was never received.

I apologized and kindly request a waiver of any penalties our corporation may be liable for. Please feel free to contact me if you may need any additional information in regards to this case.

Regards,

  
Arsenio L. Vasquez  
President