

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 MAR 29 PM 2:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000076769

1. Corporation Name

**CRISTI, INC.**

*Handwritten initials*

W07-10196

2. Principal Office Address - No P.O. Box #

Alameda Bdo Ohiggins 460

Suite, Apt. #, etc.

City & State

Santiago, Chile

Zip

Country  
Chile

3. Mailing Office Address

8105 NW 155 Street

Suite, Apt. #, etc.

City & State

Miami Lakes, Florida

Zip

33016

Country

USA

REINSTATEMENT

0507

4. Date Incorporated or Qualified  
To Do Business in Florida

July 14, 2003

5. FEI Number

04-3768212

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$5.75 Add Licensure Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

NAME  
RAUL GASTESI JR

Street Address (R.O. Box Number is Not Acceptable)  
8105 NW 155 Street

Suite, Apt. #, Etc.

City  
Miami Lakes, Florida

State

FL

Zip Code

33016

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*Handwritten signature of Raul Gastesi Jr*

REGISTERED AGENT MUST SIGN

Date 3.28.07

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	Arturo Cristi	Alameda Bdo Ohiggins 460	Santiago, Chile

500095795045  
04/04/07--01027--008 \*\*1058.7

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: *X* *Arturo Cristi*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3 21 2007  
Date Daytime Phone #