

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


09 NOV 25 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 07-09

CR2E081 (11/09)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000057226

1. Corporation Name

CHRISTA CONSULTING INC.

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

880 N.E. 69TH ST

Suite, Apt. #, etc.

P14

City & State

MIAMI, FL

Zip

331385742

Country

3. Mailing Office Address

880 N.E. 69TH ST

Suite, Apt. #, etc.

P14

City & State

MIAMI, FL

Zip

331385742

Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
14-1955949

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

CHRISTA GREEN

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

880 N.E. 69TH ST

Suite, Apt. #, Etc.

P14

City

MIAMI

State

FL

Zip Code

331385742

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



REGISTERED AGENT MUST SIGN

Date

11-18-09

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
PVT	CHRISTA GREEN	880 N.E. 69TH ST	MIAMI, FL 331385742

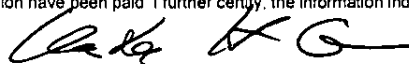
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11/25/09 01004-012 **450.00

10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify, 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:



CHRISTA GREEN

11/18/09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/25