

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000095606

1. Corporation Name

Crystalize Corp

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

169 E. Flagler st

Suite, Apt. #, etc.

1534

City & State

Miami, FL

Zip

33131

Country

3. Mailing Office Address

169 E. Flagler st

Suite, Apt. #, etc.

1534

City & State

Miami, FL

Zip

33131

Country

7. Name and Address of Current Registered Agent

Name

Jose Nicenboim

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

169 E. Flagler st

Suite, Apt. #, Etc.

Suite 1534

City

Miami

State

FL

Zip Code

33131

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 10-16-08

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 | Jorge Corchuelo | 169 E. Flagler st. - Suite 1534 | Miami, FL - 33131 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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:

Jorge Corchuelo

10-16-08

3053578100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

08 OCT 23 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600137210006
10/23/08--01024--011 **308.75

REINSTATEMENT
CR2E081 (10/08)

07-08

4. Date Incorporated or Qualified
To Do Business in Florida

07/19/2006

5. FEI Number
20-8849047

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.

10/23
ad