

2008 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

08 FEB 27 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2.29.08



REINSTATEMENT

DOCUMENT # P06000116362					
1. Entity Name CRISTOMIXX INC.					
Principal Place of Business 19421 SW 14TH ST. PEMBROKE PINES, FL 33029			Mailing Address 19421 SW 14TH ST. PEMBROKE PINES, FL 33029		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number	
				Applied For Not Applicable	
5. Certificate of Status Desired				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALONSO, JAIME 19421 SW 14TH ST. PEMBROKE PINES, FL 33029				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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				DATE 2/24/08	
FILE NOW!!! FEE IS \$300.00				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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALONSO, JAIME		NAME	800118958048	
STREET ADDRESS	19421 SW 14TH ST.		STREET ADDRESS	02/27/08--01043--011	
CITY-ST-ZIP	PEMBROKE PINES, FL 33029		CITY-ST-ZIP	**300.00	
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALONSO, MARIA E		NAME		
STREET ADDRESS	19421 SW 14TH ST.		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL 33029		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:				Date 2/24/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Devine Phone # 305-879-4411	