

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

APPROVED
AND
FILED

05 APR 18 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000068072

1. Corporation Name

CRISTY'S INTERIOR DESIGNS, INC.

2. Principal Office Address
8204 SW 166 Place

3. Mailing Office Address
8204 SW 166 Place

Suite, Apt. #, etc.
N/A

Suite, Apt. #, etc.
N/A

City & State
Miami, Florida

City & State
Miami, FL

Zip Country
33193 USA

Zip Country
33193 USA

**4. Date Incorporated or Qualified
To Do Business in Florida** 09/30/1993

5. FEI Number
650443324

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
Blas Lorenzo Lopez

Street Address (P.O. Box Number is Not Acceptable)
8204 SW 166 Place

Suite, Apt. #, Etc.
N/A

City
Miami

000054211280
05/10/05--01051--014 **1800.00
State Zip Code
FL 33193

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 4/12/05

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/S/T | Blas Lorenzo Lopez | 8204 SW 166 Place | Miami, FL 33193 |
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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 under section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/05

Date

401-521-5239

Daytime Phone #

CR2E081 (01/05)