

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUN 19 AM 9:02

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000036071

1. Corporation Name

Crystal Entertainment And Filmworks, Inc.
Inc., Inc.

2. Principal Office Address

633 NE 167 Street

Suite, Apt. #, etc.

Suite 920

City & State

North Miami Beach, FL

Zip

33162

Country

USA

3. Mailing Office Address

633 NE 167 Street

Suite, Apt. #, etc.

Suite 920

City & State

North Miami Beach, FL

Zip

33162

Country

USA

REINSTATEMENT 98-01

4. Date Incorporated or Qualified
To Do Business in Florida 5/12/94

5. FEI Number
65-0544510

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

Ismael Garcia

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

633 NE 167 Street

Suite, Apt. #, Etc.

Suite 920

City

North Miami Beach

State

FL

Zip Code

33162

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 6/14/01

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
D	Joseph Maenza	633 NE 167 Street	N.M.B., FL 33162
D	Ismael Garcia	633 NE 167 Street	N.M.B., FL 33162

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

6/14/01

Date

305-653-2221

Daytime Phone #