

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS



**FILED**

97 NOV 21 PM 2:38

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # P96000088296**

1. Corporation Name  
**CRESLIN OF FLORIDA, INC.**

Principal Place of Business 1509 NORTHVIEW AVE MIAMI BEACH FL 33140	Mailing Address 1509 NORTHVIEW AVE MIAMI BEACH FL 33140
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**REINSTATEMENT** *97*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/24/1996	
City & State		City & State		5. FEI Number	
Zip		Country		65-070-7693	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	YESIL, ENGIN	1509 NORTHVIEW AVE	MIAMI BEACH FL 33140
			000002358380--0 -11/26/97--01102--006 ****758.75 ****758.75
			<i>JB 11/21-97</i>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**MULLEN, JOSEPH P**  
 2929 E COMMERCIAL BLVD, SUITE PH-C  
 FT LAUDERDALE FL 33308

Name **Scott D. Lehman**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6300 NE First Avenue**  
 Suite, Apt. #, Etc.  
**Third Floor**  
 City **Fort Lauderdale** State **FL** Zip Code **33334**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *[Signature]* Date **11/14/97**  
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No  (See other side for information on Intangible tax.)

12. 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

November 14, 1997 954/776-9100

Date Daytime Phone #

CP2E040 (8/97)