PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. PARTMENT OF STATE herine Harris ecretary of State FILED 98 MAR 18 MIII: 13 SECRETARY OF STATE TALLAHASSEF, FLORIDA CRISON, INC. Principal Place of Business 600002819096--9 -03/26/99--01004--021 9605 N.W. 615T DRIVE PARKLAND, FL. 33076 ****300.00 ****308.00 If above addresses are incorrect in any way, line through incorrect information and enter correction below 3. New Mailing Office Address, If Applicable 2. New Principal Office Address, If Applicable 4 Date Incorporated or Qualified To Do Business in Florida Suite, Apt. #, etc. Suite, Apt. #, etc. 5 FEI Number 65-076849 City & State City & State Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Name of Officers City / State / Zip 9605 N.W. 61 ST DRIVE PARKLAND FL. 33076 MILAGROS CHAQUINGA 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) MILAGROS CHAPUINGA Suite, Apt. #. Etc. 9605 N.W. 61ST DRIVE PARKCAND, FC. 33076 ing appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505. F.S 01-26-99 REGISTERED GENT MUST SIGN This corporation owes the current year (See other side for information Yes 🔼 No 🛘 on intangible tax.) Intangible Personal Property Tax due June 30. 12. Learlify that Lam an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. Lifurther 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. 01-26.99 (954)346-6133 Date (954)346-6133

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Crisón

March 15, 1999

Mr. Trevor Brumbley Florida Department Of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: P97000051360

Dear Mr. Brumbley:

We have received your letter returning our reinstatement application and check in the amount of \$300.00

The reason we sent the \$300.00 along with the application, is that we called your office to let the state know that we did not receive the 1998 annual report. Your office informed us that the 1998 annual report was sent to a different address, and that penalties were going to be waived. Furthermore, we were instructed by your office to file the reinstatement form along with \$300.00 as we did.

Please accept this reinstatement form along with the \$300.00 which is the amount originally requested to reinstate our Corporation.

Sincerely,

Milagros Chaquinga

President

CRISÓN, INC. 9605 NW 61st. Drive Parkland, FL 33076-1835

Phone: (954) 346-6133 **Fax:** (954) 796-7900