

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 APR 12 PM 2:38

DOCUMENT #

1. Corporation Name **P97000080508**
CRYSTAL WORLD MAINTENANCE AND SERVICES, INC.

2. Principal Office Address

210 WATERWAY VILLAGE

Suite, Apt. #, etc.

City & State

WPB, FL.

Zip

33413-2163

Country

USA

3. Mailing Office Address

THE SAME

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified To Do Business in Florida

Sept. 16, 1997

5. FEI Number

65-0825952

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

FRANCISCO GONZALEZ

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

514 SHADY PINE WAY

Suite, Apt. #, Etc.

APT. D2

City

WPB

State

FL

Zip Code

33415

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

Francisco Gonzalez

REGISTERED AGENT MUST SIGN

Date

4/5/01

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
Pres.	FRANCISCO GONZALEZ	514 SHADY PINE WAY D2 WPB, FL. 33415	WPB, FL. 33415
Vice Pres.	LESLIE GONZALEZ	514 SHADY PINE WAY D2	WPB, FL. 33415
D	MERCEDES GONZALEZ	514 SHADY PINE WAY D2	WPB, FL. 33415

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:

Leslie Gonzalez - Vice President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/01

Date

(561) 357-0143

Daytime Phone #

CR2E081 (9/00)