

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 APR -3 PM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P98000041061

1. Corporation Name

KRISTGIL INVESTMENT CORP.

2. Principal Office Address

6950 SW 77th AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

33143

Country

MIAMI-DADE

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

May 6, 1998

5. FEI Number

65-0849253

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

Jerome J. Kavulich

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

2655 LeJeune Road

Suite, Apt. #, Etc.

PH-1-D

City

Coral Gables

State

FL

Zip Code

33134

900005491759-7

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******900.00 ****900.00**

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**

Date **3/22/02**

REGISTERED AGENT MUST SIGN

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/D/S	Gilberto Izquierdo	6950 SW 77th Avenue	Miami, Fl. 33143
V/P	Maria Izquierdo	6950 SW 77th Avenue	Miami, Fl. 33143

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:

Gilberto Izquierdo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/22/02

Daytime Phone #

305-595-3666