

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 -4 PM 12:56  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT #** 593704/996-97  
 1. Corporation Name  
**CHRISTAR, INC.**

Principal Place of Business      Mailing Address  
**761 Woodcrest Road**      (Same)  
**Key Biscayne, FL 33149**

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

2. New Principal Office Address, If Applicable  
**761 Woodcrest Road**  
 Suite, Apt. #, etc.  
 City & State  
**Key Biscayne, FL**  
 Zip  
**33149**      Country  
**USA**

3. New Mailing Office Address, If Applicable  
 Suite, Apt. #, etc.  
 City & State  
 Zip      Country

**REINSTATEMENT** 97  
 4. Date Incorporated or Qualified To Do Business in Florida  
**11-13-91**

5. FEI Number  
**65-0335235**

6. CERTIFICATE OF STATUS DESIRED  \$875 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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/S/T/D	De Las Casas, Natividad	761 Woodcrest Road	Key Biscayne, FL 33149

600002940806--7  
 -11/06/97--01120--002  
 \*\*\*\*915.00--\*\*\*\*915.00

8. Name and Address of Current Registered Agent  
**De Las Casas, Natividad**  
**761 Woodcrest Road**  
**Key Biscayne, FL 33149**

9. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, Etc.  
 City      State      Zip Code  
**FL**

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: *Natividad De Las Casas*  
 HE REGISTERED AGENT MUST SIGN  
 Date: **Oct 31-97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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 118.07(3)(f), 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: *Natividad De Las Casas*      Date: **Oct 31-97**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #