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 JUN -6 AM 10:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # V07505

1. Corporation Name
CRYSTAL VENTURES, INC.

Principal Place of Business
334 Atlantic Isle
Sunny Isles, Florida 33160

Mailing Address
same

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

REINSTATEMENT 96-97 ar

DO NOT WRITE IN THIS SPACE

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

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

4. Date Incorporated or Qualified To Do Business in Florida
Document #V07505
01/17/92

5. FEI Number
65-0323777
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED [XX] $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
P/S/T/D	George H. Scholl	334 Atlantic Isle	Sunny Isles, FL 33160
			600002206176--0 -06/09/97--01149--005 *****18.75 *****18.75
			600002206176--0 -06/09/97--01149--006 ******5.00 ******5.00

8. Name and Address of Current Registered Agent
Louis R. Montello
701 Brickell Avenue
Suite 1200
Miami, FL 33131

9. Name and Address of New Registered Agent
Name: Bart A. Houston
Street Address (P.O. Box Number is Not Acceptable): 100 Northeast Third Avenue
Suite, Apt. #, Etc.: Suite 850
City: Fort Lauderdale
State: FL Zip Code: 33131

CR2E048 (12/95)

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: Bart A. Houston
REGISTERED AGENT MUST SIGN
Date: 06/05/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [ ] No [XX]
(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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
George H. Scholl
Date: 06/05/97
Daytime Phone #: 305-944-4766