

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT

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

FILED

00 DEC -7 PM 5:06

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P99000068005**

1. Corporation Name
CROWN REALTY & INVESTMENT CORP.

Principal Place of Business Mailing Address

~~4720 OAKS ROAD, SUITE B~~ ~~4720 OAKS ROAD, SUITE B~~
~~DAVIE FL 33314~~ ~~DAVIE FL 33314~~



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

2. New Principal Office Address, If Applicable
441 POINCIANA ISLAND DR.
 Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
441 POINCIANA ISLAND DR.
 Suite, Apt. #, etc.

City & State City & State
SUNNY ISLES, FL **SUNNY ISLES, FL**
 Zip Country Zip Country
33160 **USA** **33160** **USA**

4. Date Incorporated or Qualified To Do Business in Florida
07/30/1999

5. FEI Number
65-0939345

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	GLEITMAN, CHAIM	441 POINCIANA ISLAND AVE.	MIAMI BEACH FL 33160
D	ZVIDA, RAMI	4720 OAKS ROAD SUITE B	DAVIE FL 33314
			500003506245--9 -12/19/00--01086--003 ****150.00 ****150.00
			SP

8. Name and Address of Current Registered Agent

KOFSKY, DAVID ALAN PA
3440 HOLLYWOOD BLVD., SUITE 450
HOLLYWOOD FL 33021

9. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 Suite, Apt. #, Etc. _____
 City _____ State **FL** Zip Code _____

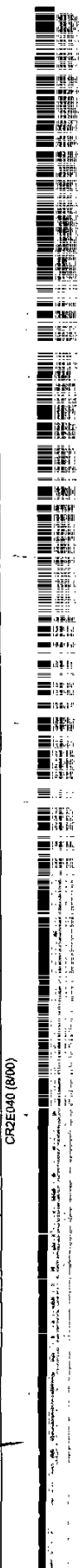
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent _____ Date _____
 REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director of 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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **10/31/00** Daytime Phone #: **305 5778491**





David Alan Kofsky, P.A.
Certified Public Accountant

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68005

November 3, 2000

Florida Department of State
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: Crown Realty & Investment Corp
P99000068005

Our client just received his notice of Administrative Dissolution from your office. He had moved last year, and the actual reports apparently had not been forwarded to him.

We have enclosed the completed Application for Reinstatement, with a check in the amount of \$150.00. We request that you abate the penalty for just cause.

Thank you for your attention in this matter. If you have any further questions, please give us a call.

Sincerely,

Carol A. Nash
Accountant

Enclosure: Application for Reinstatement, Division of Corporations
Check # 1110 in the amount of \$150.00