


FILED  
Jul 13, 2005 8:00 A.M.  
Secretary of State

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

**CORPORATION  
REINSTATEMENT**



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

DOCUMENT # P95000030154

1. Corporation Name

Croner Corporation

2. Principal Office Address

8000 Northwest 31st St

3. Mailing Office Address

8000 Northwest 31st St

Suite, Apt. #, etc.

Suite 1

Suite, Apt. #, etc.

Suite 1

City & State

Doral, FL

City & State

Doral, FL

Zip

33122

Country

Miami-Dade

Zip

33122

Country

Miami-Dade

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

4/13/1995

5. FEI Number

72-1602567

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

Carlos Emmanuelli

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

8000 Northwest 31st Street

Suite, Apt. #, Etc.

Suite 1

City

Doral

State

FL

Zip Code

33122

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 4/22/2005

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
President	Maria Teresa Graells	8000 Northwest 31st Street, Suite 1	Doral, Florida 33122
V.P.	Maria Teresa Graells	8000 Northwest 31st Street, Suite 1	Doral, Florida 33122
Secretary	Maria Teresa Graells	8000 Northwest 31st Street, Suite 1	Doral, Florida 33122
Treasurer	Maria Teresa Graells	8000 Northwest 31st Street, Suite 1	Doral, Florida 33122
Director	Shona Investments	8000 Northwest 31st Street, Suite 1	Doral, Florida 33122

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:

Maria Teresa Graells, President

4/22/2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR00001 (8/01)

Florida Department of State  
Division of Corporations  
Public Access System

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**CORPORATION REINSTATEMENT**

**CRONER CORPORATION**

Certificate of Status	0
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