

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 JUN 13 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000000679

1. Corporation Name

Crow International, Inc.

2. Principal Office Address

601 Bickell Key Drive

Suite, Apt. #, etc.

700

City & State

Miami, Florida

Zip

33131

Country

3. Mailing Office Address

115 East Torenas Street

Suite, Apt. #, etc.

City & State

Santa Barbara, CA

Zip

93101-1905

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/03/1998

5. FEI Number

77-0442581

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

Corporation Services Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code

32301-2525

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

BRIAN COURTNEY, ASST. V.P.
REGISTERED AGENT MUST SIGN

Date

6/12/01

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
PD	CURD, David	1800 Sunset Harbor Drive #2202	Miami Beach, FL 33139
SDT	Silcott, Jennifer	8 Grace Park Road	London, England N15 4SN
	201.25-AR		
	10.00-ARARTS		
	88.75-AREUPP		
			00-01UBC

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jennifer Silcott

Date

6/4/01

Daytime Phone #

305 728 9000