PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

99 APR 22 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K19625

1 Corporation Name
CROWN FINANCIAL ASSOCIATES, INC.

Principal Place of Business
1338 S. Killian Drive
Suite 7
Lake Park, Florida

Mailing Address

REINSTATEMENT 98-99

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

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

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

4 Date Incorporated or Qualified To Do Business in Florida
3/30/88

5 F.E.I. Number
65-0047712
Applied For
Not Applicable

6 CERTIFICATE OF STATUS DESIRED [X]
$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
CDT	Quaeshi, Shahid	1338 S. Killian	Lake Park, Florida
PSD	Quraeshi, Shahan	1338 S. Killian	Lake Park, Florida

200002856712--9
-04/23/99--01036--025
****908.75 ****908.75

8. Name and Address of Current Registered Agent
Richard Lede
2452 Seaford Drive
Wellington, Florida

9. Name and Address of New Registered Agent
Name
B. Guncheon
Street Address (P.O. Box Number is Not Acceptable)
1338 S. Killian Drive
Suite, Apt. #, Etc
Suite 7
City
Lake Park,
State FL | Zip Code 33403

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 Barbara Guncheon
REGISTERED AGENT MUST SIGN
Date 4/12/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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 607.0101 or 617.0101, 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: Shahid Quraeshi Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-99 (561/848-0000
Date Daytime Phone #

CR2E031 (1/97)