

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 21 AM 8:36

DOCUMENT #

1. Corporation Name

KS9720
CROWN INDUSTRIES INC
2701 WEST OAKLAND PARK BLVD # 101
FT LAUDERDALE
FL 33311

2. Principal Office Address

AS ABOVE

3. Mailing Office Address

AS ABOVE.

Suite, Apt. #, etc.

101

Suite, Apt. #, etc.

101

City & State

FT LAUDERDALE FL

City & State

FT LAUDERDALE FL.

Zip

33311

Country

Zip

33311

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

650099557

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

PETER CARSON

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

2701 W. OAKLAND PARK BLVD. # 101

500003342515--3

08/01/00--01048--019

Suite, Apt. #, Etc.

101

*****500.00 *****500.00

City

FT LAUDERDALE

State

FL

Zip Code

33311

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**

P Carson

Date 6/26/00

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 REG AGENT	PETER CARSON	2701 W OAKLAND PK. BLVD # 101	FT LAUDERDALE FL 33311
		500003342515--3 08/01/00--01048--011 *****50.00 *****50.00	500003342515--3 08/01/00--01048--010 *****500.00 *****500.00

REINSTATEMENT 98-00

7/7/01

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:

P Carson (PETER CARSON)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/26/00

Date

954 239 4141

Daytime Phone #