


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**  
**Jim Smith**  
**Secretary of State**  
**DIVISION OF CORPORATIONS**

FILED

02 AUG 16 AM 11:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **m86357**

1. Corporation Name

**CROWN INVESTMENTS II, INC.**  
**f/k/a SAFEPORT INVESTMENTS II, INC.**

2. Principal Office Address

**1101 Brickell Avenue**

Suite, Apt. #, etc.

**Suite 400, - North Tower**

City & State

**Miami, Florida**

Zip

**33131**

Country

**U.S.A.**

3. Mailing Office Address

**1101 Brickell Avenue**

Suite, Apt. #, etc.

**Suite 400 - North Tower**

City & State

**Miami, Florida**

Zip

**33131**

Country

**U.S.A.**

4. Date Incorporated or Qualified  
To Do Business in Florida

**06/21/1988**

5. FEI Number

**650067365**

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

**Murai Wald Biondo & Moreno, P.A.**

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

**25 S.E. 2nd Avenue**

Suite, Apt. #, Etc.

**Suite 900**

City

**Miami**

State

**FL**

Zip Code

**33131**

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

*[Signature]*

Date **8/15/02**

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
DP	<b>Jorge Ortega</b>	<b>1101 Brickell Avenue Suite 400, South Tower</b>	<b>Miami, FL 33131</b>
DVP	<b>Gustavo Ortega</b>	<b>1101 Brickell Avenue Suite 400, South Tower</b>	<b>Miami, FL 33131</b>
DVP	<b>Luis Alberto Ortega</b>	<b>1101 Brickell Avenue Suite 400, South Tower</b>	<b>Miami, FL 33131</b>

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

**8/15/02**

Date

**(305) 377-0390**

Daytime Phone #

10f2

4BR  
01-02

700007316727-5  
-08/23/02-01070-004  
\*\*\*300.00 \*\*\*300.00

282

**MURAI-WALD BIONDO & MORENO**  
PROFESSIONAL ASSOCIATION  
ATTORNEYS

900 INGRAHAM BUILDING  
25 SOUTHEAST 2ND AVENUE  
MIAMI, FLORIDA 33131

TEL: (305) 358-5900  
FAX: (305) 358-9490  
SENDERS E-MAIL:

CBrochin@MWBM.com

August 15, 2002

**VIA FEDERAL EXPRESS**

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Re: Crown Investments II, Inc.  
f/k/a Safeport Investments II, Inc.  
Our File No.: 406-004

Dear Sir or Madam:

The undersigned is Registered Agent of Crown Investments II, Inc. Enclosed is the Corporation Reinstatement form for said corporation. Our client never received the Annual Business Reports for the year 2001 and 2002. Therefore, we enclose our firm's check in the amount of \$300.00 representing your fee for reinstatement.

If you should have any questions in this regard, please do not hesitate to contact me.

Very truly yours,

  
Cristina Echarte Brochin

CEB:mgc  
Enclosures  
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