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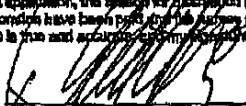
CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M 86357					
1. Corporation Name Crown Investments II, Inc.					
2. Principal Office Address 1101 Brickell Avenue			3. Mailing Office Address 1101 Brickell Avenue		
Suite, Apt. #, etc. Suite 400 South Tower			Suite, Apt. #, etc. Suite 400 South Tower		
City & State Miami, FL			City & State Miami, FL		
Zip 33131	Country USA	Zip 33131	Country USA	4. Date Incorporated or Qualified To Do Business in Florida 6/21/1988	
5. FEI Number 85-0067365				Applied For Not Applicable	
6. CERTIFICATE OF STATUS NEEDED ☐				Check additional fee required for a Certificate of Status.	

REINSTATEMENT

03-24

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7. Name and Address of Current Registered Agent	
Name Murai Wald Blondo Moreno & Brochin, P.A.	
Street Address (P.O. Box Number is Not Acceptable) 25 SE 2nd Avenue	
Suite, Apt. #, Etc. Suite 800	
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 607.0503 or 617.0603, F.S.			
Signature of Registered Agent 		Date 6/2/04	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
D/P	Leonidas Ortega	1101 Brickell Avenue, #400 S. Tower	Miami, FL 33131
D/VP/IT	Jorge Ortega	1101 Brickell Avenue, #400 S. Tower	Miami, FL 33131
D/VP/E	Luis Alberto Ortega	1101 Brickell Avenue, #400 S. Tower	Miami, FL 33131
10. I certify that I am an officer or director or the registered agent of the corporation and am authorized 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 the corporation's suspension has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all taxes owed by the corporation have been paid, and the names of individuals listed on this form do not qualify for an exemption under section 118.47(5)(b), F.S. The information included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.			
SIGNATURE: 		Date 5-27-04	
PRINTED NAME AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR Leonidas Ortega, President		Daytime Phone # 305-377-0380	

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Division of Corporations

Florida Department of State
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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : CORPORATION SERVICE COMPANY /SAL
Account Number : 120000000195
Phone : (850)521-1000
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CORPORATION REINSTATEMENT

CROWN INVESTMENTS II, INC.

Certificate of Status	0
Certified Copy	0
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