PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUN -2 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H04000118064 3

DOCUMENT # M86357

1. Corporation Name
Crown Investments II, Inc.

REINSTATEMENT 03-24

| 2. Principal Office Address | | 3. Mailing Office Address | |
|---|---|---|---|
| 1101 Brickell Avenue | | 1101 Brickell Avenue | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| Suite 400 South Tower | | Suite 400 South Tower | |
| City & State | | City & State | |
| Miami, FL | | Miami, FL | |
| Zip | Country | Zip | Country |
| 33131 | USA | 33131 | USA |

4. Date Incorporated or Qualified To Do Business in Florida 6/21/1988

5. FEI Number 65-0067365 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name
Murai Wald Biondo Moreno & Brochin, P.A.

Street Address (P.O. Box Number is Not Acceptable)
25 SE 2nd Avenue

Suite, Apt. #, Rm.
Suite 900

| City | State | Zip Code |
|---|---|---|
| Miami | FL | 33131 |

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0501 or 617.0503, 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)

| Titles | Name of Officers and/or Directors | 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/T | Jorge Ortega | 1101 Brickell Avenue, #400 S. Tower | Miami, FL 33131 |
| D/VP/S | Luis Alberto Ortega | 1101 Brickell Avenue, #400 S. Tower | Miami, FL 33131 |
| | | | |
| | | | |
| | | | |

10. I certify that I am an officer or director of the corporation 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 name of the corporation has been reinstated, 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 the signature shall have the same legal effect as if made under oath.

SIGNATURE: _____ Leonidas Ortega, President 5-27-04 305-377-0390
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

# Florida Department of State
## Division of Corporations
Public Access System

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(((H04000118064 3)))

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## CORPORATION REINSTATEMENT

### CROWN INVESTMENTS II, INC.

| | |
|---|---|
| Certificate of Status | 0 |
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