

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 NOV 29 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000000987

1. Corporation Name

CINDY TRIMM CORPORATION INTERNATIONAL, INC.

2. Principal Office Address - No P.O. Box #

301 COUNTRY CLUB DRIVE

3. Mailing Office Address

950 EAGLES LANDING PKWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

347

City & State

STOCKBRIDGE, GEORGIA

City & State

STOCKBRIDGE, GEORGIA

Zip

30281

Country

USA

Zip

30281

Country

USA

300188169723
11/29/10--01058--003 **420.00

CR2E081 (6/10)

4. Date Incorporated or Qualified

To Do Business in Florida **02/18/1997**

5. FEI Number

65-0731315

☐ 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

NRAI Services, Inc.

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

2731 EXECUTIVE PARK DRIVE

Suite, Apt. #, Etc.

SUITE 4

City

WESTON

State

FL

Zip Code

33331

REINSTATEMENT

10

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.

NRAI Services, Inc.

Signature of

Registered Agent

by: Lindsey Klemencic

REGISTERED AGENT MUST SIGN

Lindsey Klemencic, Assistant Secretary

Date **11/18/2010**

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
P/D	N. CINDY TRIMM	950 EAGLES LANDING PKWY #347	STOCKBRIDGE, GA 30281
T/S/D	HOLLEY A. RICHARDSON	508 HAWK EYE COURT	MCDONOUGH, GA 30253
D	DR. KINGSLEY FLETCHER	4823 MEADOW DRIVE	DURHAM, NC 27713

10. E-mail Address: **holleyrichardson@cindytrimm.com**

(To be used for future annual report notification)

11. 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. I further certify, 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:

Holley A. Richardson

HOLLEY A. RICHARDSON

11/23/2010

678-565-9888

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MW 12/20

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 NOV 29 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000188169670
11/29/10--01058--001 **750.00

CR2B081 (6/10)

DOCUMENT # S57580

1. Corporation Name

Crown America Management Corp.

2. Principal Office Address - No P.O. Box #

6499 N. Powerline Road

Suite, Apt. #, etc.

Suite 304

City & State

Fort Lauderdale, FL

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

33309

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6/6/91

5. FEI Number

65-0269612

☐ 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

Arthur R. Rosenberg

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

6499 N. Powerline Road

Suite, Apt. #, Etc.

Suite 304

City

Fort Lauderdale

State

FL

Zip Code

33309

REINSTATEMENT

-10

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

Arthur R. Rosenberg

REGISTERED AGENT MUST SIGN

Date 11/24/10

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
P/D	Shapiro, David	6499 N. Powerline Road Suite 304	Fort Lauderdale, FL 33309

10. E-mail Address: arr@arosenberg.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

David Shapiro

November 24, 2010 (416) 242-8800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #