

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

APPROVED  
AND  
FILED

02 DEC 20 PM 4:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100009784851  
01/02/03--01038--010 \*\*750.00

**REINSTATEMENT**

02

DOCUMENT # 201000020101

1. Corporation Name

CROWN MANAGEMENT AND  
INVESTMENT CORP.

2. Principal Office Address

12216 SW 132 COURT

Suite, Apt. #, etc.

City & State

MIAMI FLA

Zip  
33186

Country

U.S.A

3. Mailing Office Address

12216 SW 132 COURT

Suite, Apt. #, etc.

City & State

MIAMI FLA

Zip

33186

Country

U.S.A

4. Date Incorporated or Qualified  
To Do Business in Florida

2-23-01

5. FEI Number

65-1079233

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

JOEL ROZAS

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

12216 SW 132 COURT

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33186

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]*

REGISTERED AGENT MUST SIGN

Date 10-21-02

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	JOEL ROZAS	12216 SW 132 COURT	MIAMI FL 33186
VP	CESAR ALVAREZ	12216 SW 132 COURT	MIAMI FL 33186

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

JOEL ROZAS

10-21-02

Date

305-256-0997

Daytime Phone #

CR2E081 (9/01)