

PS 1 82

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUL 12 PM 4:56

DOCUMENT # P01000020273

1. Corporation Name

Crownstone, Inc.

2. Principal Office Address

550 SW 63 AVE

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33144

Country

USA

3. Mailing Office Address

550 SW 63 AVE

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33144

Country

USA

REINSTATEMENT 02-04

4. Date Incorporated or Qualified
To Do Business in Florida

Feb 23, 01

5. FEI Number

65-1087363

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

Henry F. Avila

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

550 SW 63 AVE

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33144

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

REGISTERED AGENT MUST SIGN

Date 06-17-04

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
<u>Dir</u>	<u>Henry F. Avila</u>	<u>550 SW 63 AVE</u>	<u>Miami FL 33144</u>

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

06-17-04

Date

786-367-0577

Daytime Phone #

CR2081 (01/04)

ps 272

Division of Corporation
PO Box 6327
Tallahassee, FL 32314

July 9, 2004

To Whom It May Concern:

The purpose of this letter is for a fee waiver petition for reinstatement of CrownStone, Inc. tax ID# 65-1087363. When I open the corporation in February 2001, I was not aware and was not informed of annual fees assess to a corporation.

It was until recently when I found out that this corporation is inactive and I would like to pay for the years 2002, 2003, and 2004 that are owed. Enclosed you will find a money order for the amount of \$450.00 to cover this balance. Also, I found out that I was supposed to receive an annual report, which I never received.

I would like to take the opportunity to update the corporation address which follows:

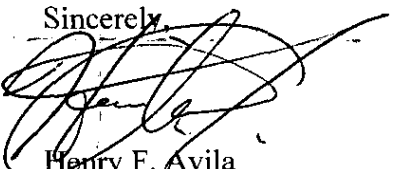
550 SW 63 AVE
Miami, FL 33144

Old address:

1800 SW 22 AVE #9
Miami, FL 33145

Without any further do, but very thankful for your time and cooperation in this matter.

Sincerely,



Henry F. Avila
Director
CrownStone, Inc.