

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 JUN -2 AM 8:46

DOCUMENT # *901000112201*

1. Corporation Name

*CROWN Real Estate Management
Group, Inc*

2. Principal Office Address

4901 N. Fcb. Hwy

Suite, Apt. #, etc.

Suite 100

3. Mailing Office Address

8809 Bojig Boulevard

Suite, Apt. #, etc.

City & State

FT. Lauderdale, FL.

City & State

PT. ST. Lucie FL.

Zip

33308

Country

Broward

Zip

34986

Country

St. Lucie

4. Date Incorporated or Qualified
To Do Business in Florida

11-27-05

5. FEI Number

80-0019861

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

Al Cicchese

900055989599

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

8809 Bojig Boulevard

*06/10/05--01002--019 **15.00*

Suite, Apt. #, Etc.

City

PT. ST. Lucie

State
FL

Zip Code

34986

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]

Date *5-28-05*

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 |
|--------------|--------------------------------------|---|-------------------------------|
| <i>Pres.</i> | <i>Al Cicchese</i> | <i>8809 Bojig Boulevard</i> | <i>PT. ST. Lucie FL 34986</i> |
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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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-28-05 954-202-0808

Date

Daytime Phone #

CP2E081 (01/05)

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