

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 OCT -3 AM 9:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000131482

1. Corporation Name

Crown Title & Services, Corp.

**REINSTATEMENT** 03

700023548957  
10/03/03--01069--014 \*\*758.75

2. Principal Office Address

14400 NW 77<sup>th</sup> COURT

Suite, Apt. #, etc.

Suite 202

City & State

Miami Lakes

Zip

33016

Country

USA

3. Mailing Office Address

14400 NW 77<sup>th</sup> COURT

Suite, Apt. #, etc.

Suite 202

City & State

Miami Lakes

Zip

33016

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12/16/2002

5. FEI Number

14-183269

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

Milagros Suarez

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

7476 NW 169 LANE

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33015

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

M Suarez

REGISTERED AGENT MUST SIGN

Date

10/2/03

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>P</u>	<u>Alix J. Montes</u>	<u>2020 NE 135 Street #906 Miami, FL 33181</u>	<u>Miami, FL 33181</u>
<u>V</u>	<u>Milagros Suarez</u>	<u>7476 NW 169 LANE</u>	<u>Miami, FL 33015</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:

M Suarez  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/02/03  
Date

315-821-3908  
Daytime Phone #

CR2E081 (10/02)

2/10/17