


2008 FOR PROFIT CORPORATION REINSTATEMENT

12

DOCUMENT # P03000127985 1. Entity Name CROWN FINANCIAL RESOURCES, INC.	
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FILED

08 DEC 24 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 17848 NE 5 AVE. MIAMI, FL 33162	Mailing Address 17848 NE 5 AVE. MIAMI, FL 33162
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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11192008 REIN-P CR2E098 (1/07)

City & State Zip Country	City & State Zip Country
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4. FEI Number 56-2322542	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BERRY, CAROL R 9655 S DIXIE HWY 17848 NE 5AV SUITE 119 MIAMI, FL 33156 62	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Carol Helms* 12-22-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2009, Fee will be \$900.00

10. OFFICERS AND DIRECTORS	
TITLE	P <input checked="" type="checkbox"/> Delete
NAME	BERRY, CAROL R
STREET ADDRESS	9655 S DIXIE HWY SUITE 119
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAROL Berry Helms
STREET ADDRESS	17848 NE 5AV
CITY-ST-ZIP	MIAMI FL 33162
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500139268325
STREET ADDRESS	12/24/08--01028--017 **150.00
CITY-ST-ZIP	500139268325
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12/24/08--01028--017
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REINSTATEMENT
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Carol Helms* 12-22-08 (305) 663-3494
Signature and typed or printed name of signing officer or director Date Daytime Phone #

12-22-08

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To Whom It May Concern

After a lengthy but pleasant discussion with & research by Mr. Scott, we came to the conclusion that attempts to pay for Crown's due were sent to the DoG Corp with incorrect amounts. I have also discussed with him that I have 3 refunds to my bank + 1 returned check that verify my attempts to remain current.

I received a notice that finally explained what was wrong & Mr. Scott said I should send a letter explaining what happened.

I would appreciate a reversal of the penalty fee at this time. I am enclosing the correct amount & even though it ~~was~~ is written on another Corp. check, it is for Crown.

Thank you.

Respectfully,

Carol B. Helms