H05000141610 3 TOTAL P.03

FILED
Jul 13, 2005 8:00 A.M.
Secretary of State

PLEASE READ ALL INSTRUCTIONS BEFORE COMP

CORPORATION REINSTATEMENT

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

DOCUMENT # P95000030154

1. Corporation Name
Croner Corporation

REINSTATEMENT 98-05

2. Principal Office Address	3. Mailing Office Address
8000 Northwest 31st St	8000 Northwest 31st St
Suite, Apt. #, etc.: Suite 1	Suite, Apt. #, etc.: Suite 1
City & State: Doral, FL	City & State: Doral, FL
Zip: 33122 Country: Miami-Dade	Zip: 33122 Country: Miami-Dada

4. Date Incorporated or Qualified To Do Business in Florida: 4/13/1995

5. FEI Number: 72-1602567 ☐ 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: Carlos Emmanuelli

Street Address (P.O. Box Number is Not Acceptable): 8000 Northwest 31st Street,

Suite, Apt. #, Etc.: Suite 1

City: Doral State: FL Zip Code: 33122

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 _____ Date 4/22/2005

REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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	Maria Teresa Graells	8000 Northwest 31st Street, Suite 1	Doral, Florida 33122
V.P.	Maria Teresa Graells	8000 Northwest 31st Street, Suite 1	Doral, Florida 33122
Secretary	Maria Teresa Graells	8000 Northwest 31st Street, Suite 1	Doral, Florida 33122
Treasurer	Maria Teresa Graells	8000 Northwest 31st Street, Suite 1	Doral, Florida 33122
Director	Shona Investments	8000 Northwest 31st Street, Suite 1	Doral, Florida 33122

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: Maria Teresa Graells, President 4/22/2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

P.03/03

JUL-13-2005 09:42

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CORPORATION REINSTATEMENT

CRONER CORPORATION

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