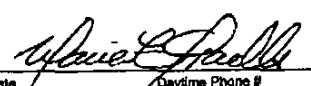


FILED
Jul 13, 2005 8:00 A.M.
Secretary of State

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000030154			
1. Corporation Name Croner Corporation			
2. Principal Office Address 8000 Northwest 31st St Suite, Apt. #, etc. Suite 1 City & State Doral, FL Zip 33122 Country Miami-Dade		3. Mailing Office Address 8000 Northwest 31st St Suite, Apt. #, etc. Suite 1 City & State Doral, FL Zip 33122 Country Miami-Dade	
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 <u>4/22/2005</u> 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
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 #	

CR00001 (8/01)

Florida Department of State
Division of Corporations
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CORPORATION REINSTATEMENT

CRONER CORPORATION

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